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# AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

EDITED BY

DAVID W. YANDELL, M. D.

*Prof. of the Science and Art of Surgery and Clinical Surgery, University of Louisville.*

AND

THEOPHILUS PARVIN, M. D., LL D.

*Professor of Obstetrics and the Medical and Surgical Diseases of Women, College of Physicians and Surgeons of Indiana.*



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# THE AMERICAN PRACTITIONER.

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Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

## Original Communications.

### SPINAL IRRITATION.

BY JOHN E. LOCKRIDGE, M. D.

From a long and varied experience in the management of this protean complaint, denominated "spinal irritation" by such writers on the practice as recognize it as a separate disease, I have long since come to the conclusion that it is a disease *per se*, if not indeed *sui generis*. The name is apt enough, it is true, to call attention to the seat of the trouble; but when we come to enumerate the symptoms and manifestations of the disease, we will find that the spine is just about the last part of the economy that we would suspect of being in arrears in its physiology. But, inasmuch as a name intelligibly expressive of both the pathology and accompanying phenomena of the complaint must needs be paraphrastic, I will content myself at this place with a retention of the old appellation, and when treating of the nature and symptoms of the disorder attempt to elucidate some points hitherto doubtful; and will close this paper by annotating a few cases in point.

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The *symptoms* of this disease are as numerous almost as there are organs and parts in the body whose functions can be disturbed by alterations from health in the spinal center, from which in part they derive their life and control. These disturbances will occur from above downward, as the so-called irritation may happen to be located in the cervical, dorsal, or lumbar vertebræ. I will enumerate some of them. Beginning with the organs of digestion, I have seen, amongst others, dysphagia from paralysis or tonic spasm of the gullet; apparent stricture of the same; gastralgie, spasm of the stomach, nausea and vomiting, and almost every variety of dyspeptic symptoms. In the respiratory and circulatory organs I have often met with aphonia, spasm of the glottis, asthma, a kind of nervous cough, singultus, and an inability to take a full inspiration; palpitation of the heart, and bellows murmur of the same, intermittent pulse, and feigned cardiac disease of divers kinds and degrees. There are also pains and sensations, either fixed or fleeting, in different parts of the body—in the neck, chest or abdomen. These symptoms will persist in spite of the ordinary rational treatment; or after having been relieved, will recur time and again.

If now the practitioner examine the spine, which is not complained of or suspected, to his surprise he will find a point tender on pressure; the patient will start up as if electrified, and complain of the heart or stomach, or be thrown into an attack of asthma, or palpitation, or gastralgie, or colic, as the case may be, or as the organ is under the control of nerves sent out from the point irritated. The pressure should be made very carefully with the index finger downward between the spinous processes, and laterally between the same, as well as between the arches of the vertebrae; and if the patient be over-sensitive to touching, or if there be any doubt in the mind of the practitioner as to the real existence of tenderness, he should dip a sponge in hot water and pass it slowly down the column, and if tenderness exist at any point the patient will surely give some sign. The tenderness may be confined to a single intervertebral space, or there may be several to-

gether tender, with one more so than the rest, gradually shading off; or again the whole spine may be hyperesthetic on pressure. In short, I would insist that a careful examination of the spine be made in every case suffering from one or more of these pains, aches, spasms, or sensations, whether fixed or fleeting, without fever or appreciable organic change to account for so great and often so persistent suffering; and especially if the symptoms persist or recur after a careful course of anodynes, antispasmodics, and alteratives. I have, time and again, seen cases of apparent cardiac disease, or gastralgia, resist ordinary treatment for years, and finally yield promptly and permanently under treatment directed *wholly* to the spine; and I am sorry to say that I have been called upon to treat a recurrence of neuralgia of the stomach, colic, and the like, half a dozen times in a year, and I never did suspect the true nature of the trouble.

The *nature* of this disease is not well understood. Pathologically it is entirely distinct from active congestion, inflammation, atrophy or hypertrophy, induration or *ramolissement*, or any other affections of the medulla spinalis involving organic lesions or destruction, with the resultant paralysis of the parts below. Nor have I ever seen it, to any great extent, influence locomotion; sometimes, however, a slight degree of numbness or anesthesia is complained of in the extremities. Its nature has generally been ascribed to a rheumatic or gouty condition of the ligamentous structure of the spine. This must be erroneous in the vast majority of cases, at least; for, in the absence of any history of rheumatism or gout in any other portion of the body, and in the total absence of pain or uneasiness about the spine even on movement, it is difficult to imagine that either of these could exist for months and even years without having been suspected.

In the absence of an opportunity to observe the morbid anatomy, I have long since regarded it as some kind of *passive congestion* of the membranes of the cord, and most likely the *pia mater*, arachnoid, and the loose areolar tissue by which the latter is connected with the medulla spinalis. The

engorgement may be sanguineous or serous, or both. The arachnoid is scarcely susceptible of congestion itself, but the surrounding areolar tissue is, and the irritation is most often met with in the cervical and dorsal regions, where this tissue is most abundant. Some anatomists contend that these slender filaments of areolar tissue are nervous fasciculi, and that they arise from the arachnoid, and are analogous to those of the sympathetic, and that there are also ganglia to be found here. But, be this as it may, it is very easy to understand how any alteration in structure here from congestion or infiltration, or both, must irritate the outgoing spinal nerves, which impression will be conveyed centrifugally, giving rise to the symptoms enumerated. In those cases in which the disorder is manifested in the internal organs, which indeed are very numerous, the impression is conveyed through the catenation of the spinal nerves with the external branches from the ganglia of the great sympathetic, by which system most of the organs are richly supplied, and some of them, indeed, exclusively.

The *cause* of this disorder is, in many cases, obscure. It is most often met with in the higher walks of life, in those who lead an inactive life; in those of a nervous or phlegmatic temperament, whose organization is rather below the healthy standard; and in such women as are disposed to hysteria. In the South, it is often met with in the case of ladies of lethargic habits, and who are indisposed to locomotion. It is more often met with in women than in men, and more often during the years of menstruation than before fourteen and after forty-five. Girls under fourteen and men are by no means exempt from it; but it very rarely occurs in boys. I am very sure that whatever tends to enfeeble either of the great systems of the organism, whether during employment or leisure, or whatever favors local congestions, superinduces this disease. I have often met with it in the cases of sewing-girls, school girls, teachers, and ladies who spend much of their time at embroidery and needle-work. Diseases and displacements of the uterus of long standing afford a fruitful cause.

The *diagnosis* of the disease is by no means difficult; yet I have reason to believe that many cases have gone on for months, and even years, without having their true nature ever suspected; and a careless or inexperienced practitioner might direct his treatment quite a while to an alleviation of the symptoms before suspecting the true nature of the trouble. One of the most remarkable features, indeed I will say an almost pathognomonic symptom, is the entire absence of pain or uneasiness of any kind at the point of spinal irritation, except on pressure. This is true in the vast majority of cases, notwithstanding the most varied motion. It is the absence of this pain that usually throws the physician off his guard. Another important sign is the singular absence of fever, notwithstanding the feigned disease in some organ or structure may be violent and persistent, with a great degree of resultant soreness on pressure.

The disease is, of course, most apt to be confounded with organic or functional diseases of the organs implicated, and in the organs the disorder is apt to be attributed to some delinquency inherent to the structure itself. The absence of fever, a careful examination for structural changes, and above all a persistence of the symptoms in spite of a well directed treatment, must direct the physician to a right conclusion. For instance, I was called to see a lady, ten years ago, who had a pain in her stomach. The doctor in attendance thought it was rheumatism, for in fact the lady had had rheumatic fever several years before that. It had resisted, for several weeks, anodynes, and colchicum, and fomentations, and even blisters to the stomach. On examination, a tender point was found in the dorsal spine, pressure there aggravating the pain in the stomach. A small blister to the spine relieved the stomach like magic, and there was never any return of the trouble, nor was there the least pain or uneasiness at the time in any other portion of the body.

In rheumatism of the spine, lumbago and sciatica, there is pain on motion and at rest, and the tenderness on pressure is in the *erector spinae* and other muscles of the back, rather than

in the intimate structure of the column. In *active* congestion of the medulla spinalis, there is uneasiness complained of at the point of afflux, with more or less passivity or incipient paralysis of the parts below this point; and a sense of constriction around the body on a level with this point, as if a cord were drawn *taut*, is almost a pathognomonic symptom of active congestion. From spinal meningitis, myelitis, locomotor ataxia, tetanus, hydrophobia, and the like, I take it for granted that the differentiation is sufficiently easy for the most careless observer. Tumors pressing upon the ganglia and branches of the great sympathetic within the chest or abdomen, and thus giving rise to feigned disease in the organs supplied by them, are more apt to confound the careful practitioner; and this is notably true as regards the air passages, heart and stomach, cancer and other tumors of the greater curvature of the stomach, of the liver, the pancreas, the transverse colon, and aneurism of the abdominal aorta at the usual point where its parietes are weakened by the hiatus for the cœliac axis. Any of these tumors may press upon the semi-lunar ganglion and the radiating fibers constituting the solar plexus, and through these and the splanchnic nerves the impression will be propagated to the organs of the chest and abdomen, and thus a functional turmoil may be kept up in one or many of these viscera. I believe it is by the catenation of the internal or visceral branches of the ganglia with the terminal branches of the *par vagum*, and not by direct encroachment, that dyspeptic symptoms, gastralgia, nausea and vomiting, palpitation and cardiac murmurs, and the like, are kept up. So it will be wise for the practitioner, in these obscure and trying cases, to examine very carefully for an abdominal tumor.

Before quitting this part of the subject, I will say a word about the character of these cardiac murmurs, which may aid some one who is in doubt whether he has an organic or merely functional case to deal with. Like the hygremic murmur, in my experience this murmur produced by perverted nervous influence, whether the pressure and consequent irritation of

the roots be from congestion or serous infiltration within the spinal canal, or from the pressure of a tumor outside (ante?), yet I have always found the murmur to be the *bruit de soufflet*, the *bruit de scie*, or the filing or rasping bruit, which is generally ascribed to roughness of the orifices or valves, and which is due to the deposition and organization of the normal products of inflammation. The regurgitant murmurs are produced by an irregular contraction or spasm, or undue relaxation of the fleshy columns, thereby either drawing the *chordæ tendinæ* and attached valves short of the auriculo-ventricular foramen, or allowing the valve to be driven through into the auricle at each ventricular systole; and in either case producing a murmur. This is especially true of the *columnæ papillares*, which are free in their middle, being attached merely by one extremity to the ventricular parietes, and by the other to the *chordæ tendinæ*; and hence must be capable of contraction and relaxation independently of the ventricles.

The *prognosis*, under proper treatment, is singularly favorable. Indeed, I know of no circumstances under which the physician is better rewarded in gratitude and reputation than right here, in affording prompt relief by the exercise of a very little care in the proper direction of his treatment. In those cases that have been overlooked for years and years, it will require weeks and months often to restore to perfect health, not only the spine but those organs and structures secondarily lashed into semi-organic disease. After having been apparently relieved the spinal tenderness is liable to recur again and again, but in the end a healthy condition will be restored. I have seen cases that I had every reason to believe had existed for *ten* years, and have often met with the disease of from *two* to *five* years' duration; and I have seen the heart appreciably enlarged from long-continued overaction, valvular regurgitation and distention, and the like; also passive congestion of the lungs and other organs, return to their normal condition under treatment directed almost wholly to the spine. According to my experience in the disease, and it has not been small, there is no disposition in the spinal congestion, or

whatever it may be, either to right itself or to go on to permanent organic change or disorganization of the tissues; and this peculiarity of behavior, I think, almost stamps it as a disease *sui generis*, just as tetanus is or hydrophobia is. Notwithstanding the fact that I have seen the most rational constitutional treatment resorted to for months, and anodynes and antispasmodics for the organic manifestations, yet so long as the real seat of the trouble was unattended to, the patient was liable to a recurrence of the symptoms again and again. I have no doubt but that a continuance of the spinal irritation is capable of producing organic changes in the structures implicated which are beyond repair, and that disorganization of the cord at the seat of the pressure may ensue, and as a result many cases have proved fatal; but such a termination I have never seen.

The *treatment* is sufficiently simple and rational. A course of counter-irritation to the spine is of the first importance, and in many cases is all that is required. A succession of small blisters, or pustulation with croton oil, in some cases it may be necessary to apply a cup and take an ounce or two of blood, and in very persistent cases a seton might be advisable; but I have always succeeded with blisters and croton oil. Where the tenderness extends for several inches, I apply a long, narrow strip of blister, and repeat again and again, if necessary.

In those cases in which the general health is below the normal standard, and the patients are pale, nervous, weak, lethargic, indisposed to exercise, with cold extremities, and disposed to local congestions, and have a weak and irritable heart, and are threatened with syncope, or do actually faint on rising up suddenly,—in such cases a course of general and special tonics and alteratives must be used in addition to the counter-irritation, without which even these would be powerless to effect a cure. Of these tonics I have found iron, *nux vomica*, phosphorus and digitalis, variously combined, to be the most efficacious. In those cases in which there is manifested a weak and irregular heart, with a bellows murmur and

some hypertrophy, together with coldness of the extremities and a disposition to syncope, I have seen a pill containing two grains of the pyrophosphate of iron and half a grain each of ext. nux vomica and pulv. digitalis, three times a day, seem to work wonders almost. Of course, suitable exercise must be insisted on in those persons who have been in the habit of sitting and *lounging* a great deal, and a change of occupation is necessary in some cases, and suitable clothing and diet in all cases.

I will now close these remarks—however crude and imperfect they may be, yet I have attempted to be faithful—by merely annotating a few cases of the disease in question by way of impressing what I have said; the succession is numerical and not chronological.

CASE I. This was a popular actress, aged seventeen years. She was by no means weak or anemic, and all the functions of the body seemed to be normal. For about two years she had had what seemed to be attacks of colic: she would suddenly, and often in the midst of a play, complain of a severe pain in the region of the stomach or transvere colon—would swoon away and go into spasms, and fall into a semi-comatose state. She had been in the hands of a great many physicians, it being necessary to employ one at nearly every city she stopped at. I was informed by both her father and the manager that none of these doctors could assign any reason for this "spasmodic colic," as they called it. Her spine had never been complained of, nor had it been suspected or "touched." I found her in a semi-comatose condition, totally unconscious of the ordinary examination of the organs I was making, and which developed nothing wrong; but on making pressure between the spinous processes of the vertebræ from above downward, when I came to the lower dorsal region she started up as if electrified, and immediately complained of pain like colic, and went into a kind of a spasm. The tenderness in this case was confined to almost a single intervertebral space, and was as palpable and perfect a key to all of her sufferings as it was possible to conceive of.

I applied a single cup to the tender point, and drew about two ounces of blood, and prescribed a blister, two by three inches, to be applied and repeated as long as there was any tenderness on pressure, or as long as there was any internal disorder. I also ordered iron, strychnia and phosphorus, for some weeks as a nerve tonic and equalizer of the circulation. Four months afterward this lady had had no return of the symptoms.

CASE II. I was called in consultation to see a lady, about thirty or thirty-two years of age, who was suffering from what seemed to be an attack of asthma; and so alarming were the symptoms, that three or four doctors were sent for at the same time. She was rather delicate-looking, but had no organic disease anywhere, and was not subject to asthma before the accession of the present attack, which had baffled the efforts of the attending physician for several days. On examining the spine, the lower cervical and upper dorsal regions were found to be exquisitely tender, and she could be thrown into one of these spasmoidic paroxysms of the bronchial tubes at will by even slight pressure. A long strip of blister was at once applied to the spine, and as a palliative a teaspoonful of a mixture of equal parts of tinct. opii camphor., Hoffman's anodyne, and tincture of valerian, was given every few hours. As soon as the blister drew, the symptoms disappeared like magic. I saw this case no more, but her husband told me, some months afterward, that she had had no further attack, but that on several occasions there had been some threats of an attack, and that he found spinal tenderness and applied the blister until all the symptoms ceased. Six or seven years afterward this lady remained in her usual health.

CASE III. This was a lady about thirty years of age, somewhat anemic, with a tendency to cold extremities and local congestions; the slightest blow or pressure would produce ecchymosis, especially of the extremities. For two or three years she had been troubled with irregularity of the heart's action, with the most distinct and annoying mitral regurgitant murmur I have ever heard, distinctly recognized with the ear

several inches from the chest. There was an appreciable enlargement of the heart, apparently a general hypertrophy of the organ; and the lady had fallen as if in syncope several times of late on rising suddenly from her bed. The physician in consultation construed the murmur as being hygremic; I was fearful that it was the result of rheumatism, of which she had had two attacks years before. Under a general tonic and alterative plan of treatment she improved in general health, and the syncopal trouble mitigated; but there remained very much uneasiness about the heart, palpitation, intermittent pulse, apnoea, at times, and the murmur remained as distinct as ever. After some months, I happened to examine the spine and found the whole dorsal region exquisitely tender on pressure, but yet there was no complaint of pain, ache, or other uneasiness there. The slightest pressure would greatly aggravate the cardiac symptoms. A blister was immediately applied to the spine, and repeated time and again; the symptoms began at once to yield, the murmur grew fainter and fainter, and pretty soon was heard only at times; and in a few months all trouble ceased, and her general health improved, so that in two years she weighed one hundred and ninety pounds, her weight previously ranging from one hundred and twenty-five to one hundred and thirty. She is today, after a lapse of ten years, in perfect health and weighs one hundred and sixty pounds.

CASE IV. A young man, aged twenty-eight or thirty years, had been the subject of supposed cardiac disease for eight or ten years; he had been under the treatment of a number of physicians, and all agreed that it was heart disease and incurable. He was a mere skeleton, had frequent attacks of prolonged syncope, and his death was expected any day, and to all outward appearance he was in the very last stage of organic disease of the heart. I examined him in the morning before rising, and at the time I could absolutely find no sign of cardiac disease; there was no murmur, no hypertrophy, no intermission, and no rhythmical alteration; the heart's action was feeble, it is true, but the man was a perfect wreck. I could

find nothing wrong, except very slight dullness on percussion and bronchophony beneath the clavicles, which I attributed to passive congestion of the apices of the lungs.

On an examination of the spine, I found great tenderness on pressure over nearly the whole of the dorsal vertebrae and an immediate accession of some of the cardiac symptoms. To the utter surprise of himself and friends, I gave the positive opinion that there was no real organic disease of the heart, and that in all probability he would regain his long-lost health. I urged him to keep his spine pustulated with croton oil for some months; and as a tonic and for the pulmonic induration, to take thirty drops, three times a day, of the syrup of the iodide of iron. He carried out the treatment faithfully, and I saw nothing of him for two years, at which time he was on his bridal tour, perfectly restored; and now, after a lapse of twelve years, he is in perfect health and weighs about one hundred and eighty pounds.

INDIANAPOLIS.

## NITRATE OF SILVER IN CHRONIC CYSTITIS.

BY CHARLES W. MILES, M. D.

In the Louisville Medical News of June 1st will be found a very interesting paper on chronic cystitis, by Dr. Joseph W. Thompson, in which he very highly extols the use of strong solutions of nitrate of silver in the treatment of chronic cystitis. I wish to add the results of my own experience corroborating that of Dr. Thompson.

For the past eighteen months I have been following this plan of treatment in every case that would admit of it (six in number), and in no instance have I failed to obtain the most satisfactory results. My invariable rule is to begin with a weak solution, say two or three grains to the ounce, and increase its strength as the bladder will tolerate it. Usually an

injection every two or three days, with an increase of two and a half grains of the silver to the ounce at each injection, will meet the indications. I have not been in the habit of washing out the bladder, as is recommended by Dr. Thompson; but I simply draw off the urine and inject immediately through the same instrument, directing the patient to retain the injection, if possible, until it is completely neutralized by the accumulating urine. This plan possesses the twofold advantage of being much less painful, as the evacuation of the bladder immediately after an injection is generally followed by a great deal of suffering, and of securing the complete effect of the remedy.

I can not subscribe to the use of from twenty to sixty grain solutions of nitrate of silver in the beginning of the treatment, as is recommended by Dr. Richardson, of New Orleans. I have recently witnessed, in the practice of a very eminent surgeon, the most alarming symptoms of shock produced by the use of a five grain solution, when by a gradual increase from two grains the patient afterward bore twenty-five grains with comparative comfort. Indeed, I have never met with a case that required this heroic treatment at any stage of the disease. None of my cases required over twenty-five grains, and a majority yielded to a ten grain solution.

In February last Mrs. R., the mother of five children, was sent to me by a medical friend, to have a vesico-vaginal fistula established for the relief of an obstinate cystitis of five years' standing. I injected a two grain solution of silver, and increased the amount two grains every other day thereafter until twenty-four grains to the ounce were used, when she was discharged cured.

My mode of injection is with an ordinary silver catheter and a metallic syringe. When the pain following an injection is very severe, I usually order a hot hip-bath, or I inject a little olive oil, which will secure immediate relief.

It has been my practice to administer, in connection with this treatment, a solution containing chlorate, bicarbonate and iodide of potassa with syrup of buchu, together with some

mucilaginous drink, as flax-seed tea. These, with proper attention to diet, habits of life, etc., I have found to be all that is required in the treatment of a majority of cases of cystitis.

JORDAN, KY.

UPWARD DISLOCATION OF THE STERNAL END OF  
THE CLAVICLE—TREATMENT BY THE IMMOVA-  
BLE PLASTER-OF-PARIS DRESSING.\*

BY JOSEPH EASTMAN, M. D.

J. H., aged thirty-five years, a well developed, muscular German, by occupation a baker, fell down a stairway, receiving an injury of the left clavicle, for which he was admitted to the Indianapolis City Hospital, September 29, 1877. I saw the case soon after in consultation with Dr. Davis, superintendent of the hospital, and Dr. Ritter, assistant physician, who, previous to my visit, had diagnosed upward dislocation of the sternal end of the clavicle.

On examination of the case, I found the bone resting upon the larynx, seriously embarrassing respiration. The figure of eight bandage, with compress, having been tried a number of times and to no purpose, by the house surgeons, we united our efforts in the application of Sayre's bandage for fracture of the clavicle, substituting the ordinary roller for adhesive plaster, as suggested by Dr. Henry Van Buren, of Chicago. This also failed to retain the bone in position for any considerable length of time. Whenever the patient drew a full breath, so as to fully elevate the apices of the lungs, the bone would slip from its normal, back to its abnormal position upon the larynx.

Having observed what I believed to be at least one cause of non-retention of the dislocated bone in position—namely, the

\* Read before the Marion County (Ind.) Medical Society, and before the Indiana State Medical Society.

distension upward of the thorax—I determined to suspend thoracic respiration to the utmost extent consistent with the tolerance of the patient; and to this end, at the surgical clinic, October 8, 1877, encased the entire thorax in a plaster-of-paris jacket, carrying it well up under the clavicles, while the arms were elevated by assistants. We next brought the bone into position with the arm across the breast, retaining it there by the modified Sayre's appliance before referred to. We then continued the mold of plaster upon the arm, filling in plentifully over the injured joint, and on both sides of the humerus. When the plaster was fully set, there was no perceptible elevation of the lungs, his respirations being as completely abdominal as could be desired.

The patient wore this appliance for about six weeks, when it was removed and he was discharged from the hospital, with perfect use of his arm. There was some swelling over the torn ligaments, but the bone appeared to Dr. Todd, and other gentlemen present, as perfectly in place as when first reduced.\*

The pathology of this dislocation is now well known, from a case which was carefully dissected and published by Professor R. W. Smith, Dublin Journal of Medical Sciences, 1872. (See Holmes's Surgery.) This dissection showed that the head of the bone, carrying the interarticular cartilage with it, had been thrust between the two heads of the sterno-mastoid muscle, and lay in contact with the opposite clavicle. The sterno-hyoid muscle was behind it; the sternal tendon of the sterno-mastoid was tightly stretched over it, forming a considerable prominence during life: the rhomboid ligaments were ruptured, as well as the capsule of the joint. In my case, the clavicular fasciculus of the sterno-mastoid was carried with the bone.

Professor Gross says dislocation of the clavicle, as compared with fracture of that bone, is rare; there being probably fifty

\* This patient was presented to the Marion County (Ind.) Medical Society, May 14, 1878, and examined by some thirty members, who united in the opinion that the result was as perfect as attends the treatment of dislocations in other parts of the body by the most approved methods.

cases of fracture to one of dislocation. The cause of this remarkable difference is to be found in the exposed situation of the bone, and the great shortness and strength of its ligaments, which render it more liable to yield in its continuity than at its articulation with the sternum or scapula. Erichsen expresses nearly the same opinion.

Dr. Gross further adds:—"Luxation upwards is extremely rare, so much so that some of the best surgeons doubted the possibility of its occurrence; but within the last twenty years the cases reported by McFarlane, Baraduc and Malgaigne, establish its claims to the distinction of a new species." (Vol. II, 4th ed., p. 47.)

Malgaigne has collected four well authenticated cases of this dislocation, and says reduction is sufficiently easy, but thinks a perfect retention impossible, although the remaining deformity is but slight; and in no case has the function of the arm been seriously impaired.

Professor Hamilton saw one case in consultation with Dr. Rochester. They molded a gutta percha splint to the clavicle and ribs; but notwithstanding all this the bone became displaced. (*Vide* Hamilton, Fractures and Dislocations, 3d ed., 1866.)

Holmes states that this form of dislocation is extremely rare, and that hitherto treatment has been unsuccessful, though a good use of the arm may be anticipated.

Mr. Erichsen (last edition, 1878,) says upward dislocation is extremely rare, there being but eight cases on record. He adds—"I doubt if the bone, though replaced, can be maintained in a good position."

Dr. Gross remarks with reference to the various dislocations of the clavicle that, seeing how difficult it is to keep the bone in position, he would not hesitate to fasten the ends of the bone with a silver wire.

Most authors agree that the treatment of fractures and dislocations of the clavicle, as compared with that of other bones, is somewhat unsatisfactory. I offer the suggestion that the lack of satisfactory results is due to the difficulty in carrying

out the following most important principle in the treatment of fracture or dislocation, namely:

First. The bone or bones must be replaced in normal position and retained there, fixed and absolutely immovable.

Second. We must not only *place*, beyond any possible motion, the bone or bones dislocated or broken, but immobilize also all bones, joints and structures contiguous to, or in any way associated in function with, the dislocated or fractured bone, either by muscular attachment or continuity of osseous structure.

To carry out this principle in the treatment of the clavicle, we must suspend motion as far as possible in the dorsal region of the spine, in the sternum, ribs, humerus and scapula.\* To do this, we must have something that will assume the exact form of the entire thorax, and when set *shall* retain its shape. I know of nothing that will do this so effectually as a plaster-of-paris jacket, carried if necessary over the shoulder, molded well into the axilla, around the scapula, and between the ribs.

In conclusion, I reassert my opinion, founded on a very considerable experience both in civil and military practice, that the success heretofore obtained by the use of the numerous appliances for fracture and dislocation of the clavicle, has been contingent on their fulfillment of the following condition, namely:—the bone fractured or dislocated, and all contiguous joints and structures, must not only be placed but *maintained* in a condition of *absolute* immobility.

#### INDIANAPOLIS.

\* "Besides, even in the common respiration, the costæ and sternum aforesaid, where the other end of this bone is adnected, together with motion of the diaphragm, rising and falling, especially if the same be extraordinary, as in coughing and sneezing, are able to undo your work; not to mention the situation thereof, less capable of being so well secured by bandage as many others. All which, duly considered, it is no wonder that upon many of these accidents, although great care has been taken, these bones are sometimes found to ride, and a protuberance is left behind, to the great regret particularly of the female sex, whose necks lie more exposed, and where no small grace or comeliness is usually placed." (*Vide* Hamilton on Fractures and Dislocations, ed. 1866, p. 189; from the "Art of Surgery," by Daniel Turner, Vol. II, 1742.)

## ULCERATION OF THE OS UTERI.

BY A. G. CRAIG, M. D.

*Formerly Resident Physician of the Cincinnati Hospital.*

De Quincey, in a note to his essay on the Glory of Motion, quotes from Von Troil's Iceland a chapter entitled "Concerning the Snakes of Iceland," and the entire chapter consists of these six words—"There are no snakes in Iceland."

And with the above title I will commence this article, with the dogmatic statement that there is, correctly speaking, no such a disease as ulceration of the os uteri. To this statement I wish to make three exceptions, namely—syphilitic ulcer of the cervix uteri, a disease so rare that not one practitioner in ten thousand has ever met with a case; cancer of the cervix uteri; and an ulceration of the os uteri caused by prolapsus in the third degree, the cervix coming in contact with some external substance, the clothing for example, and veritable ulceration from friction taking place. Since Henry Bennett described so many different varieties of ulcers of the cervix uteri, numerous articles have appeared in the medical journals of this and other countries describing the affection; and even at the present time we find many medical writers who speak of simple ulceration of the cervix uteri as being a very common disease. In a recent article in the Philadelphia Medical and Surgical Reporter, the writer says:

"All acquainted with the practice of an out-patient department for the diseases of women, can not fail to have been struck by the very numerous cases of ulceration of the os uteri presenting themselves for relief. The cases are so common, the distress of the affection so debilitating, the discomfort to married life so great, and the cure so within the limits of the ordinary practitioner, that we hope to do good service by a few remarks on the subject. We shall classify the cases, dividing the os into three zones:

"1. Ulceration at the os uteri on one or both lips.

"2. Ulceration extending to half the inferior part of the cervix uteri.

"3. Ulceration involving the whole of the cervix and os."

What is an ulcer? Dunglison says it is "a solution of continuity in the soft parts, of longer or shorter standing, and kept up by some local disease or constitutional cause." What is the so-called ulcer of the cervix uteri? Is it a solution of continuity of the structures of the cervix? Is it not rather "the development of a surface of granular character on the smooth face of the cervix and just within the os?" Who would call trachoma, ulceration of the conjunctiva? And yet the so-called ulcer of the cervix, upon the removal of the pus which covers it, presents an intensely red, granular, hemorrhagic-looking surface, not depressed below, but often elevated above the surrounding mucous membrane, resembling very much the conjunctiva when affected by granular degeneration. I have frequently been called in consultation to see multiparous women, whom the attending physician had been treating for ulceration of the os uteri, which upon examination disclosed an ulcer of large size which he had been cauterizing for months without the least benefit. But the large so-called ulcer proved to be extensive cervical laceration.

Dr. Thomas, in his excellent work on the Diseases of Women, enumerates the following causes of this affection:

"Causes.—The predisposing causes are:

Enfeebled general health. The scrofulous diathesis.

Spanemia. The syphilitic diathesis.

Those which are exciting are the existence of:

Displacements. Areolar hyperplasia.

Endometritis. Abuse of sexual intercourse.

Laceration of cervix. Vaginal leucorrhea.

Pessaries which touch the vaginal face of the cervix."

It will thus be seen that there can be no routine method of treatment of the so-called granular ulcer of the cervix. If the patient is feeble and anemic, iron and the bitter tonics

will be indicated and good regimen. If she is scrofulous or syphilitic, iodide of potassium and cod-liver oil may be had recourse to in the former, and mercury and iodide of potassium in the latter condition. If there is displacement of the womb, restore it to its normal position, and with a properly adjusted pessary endeavor to keep it there. Should the so-called ulcer be caused by endometritis, areolar hyperplasia or vaginal leucorrhea, attention should be directed to their relief, at the same time that this, one of their results, is treated. Until the patient is well, sexual intercourse should be interdicted. Lacerations of the cervix should be cured by a proper surgical operation. Pessaries which by friction produce irritation and inflammation of the vaginal face of the cervix, of course should be removed. Granular degeneration being generally a secondary affection, the primary disease should be ascertained and both be treated simultaneously.

GHENT, KY.

*FOREIGN CORRESPONDENCE.*

**DR. YANDELL'S LETTERS FROM ABROAD—No. III.**

LONDON, ENGLAND, June 1, 1878.

If the road to the bad is paved—as I have heard it was—with good intentions, then I have been laying down a deal of fresh metal recently, for many a time and oft have I resolved to write to you, and stopped at that. The mere resolution to get up a letter can't be put in type, and so for all practical purposes is a bit of sounding brass with, as the Used-Up Man in the play says, “nothing in it.” But my growing repugnance to any arm which is mightier than the sword on the one hand, and a hundred agreeable things to do and hear and see on the other, irresistibly lead me to put off, as long as I can, the days when I am forced to exclaim, “I have no pleasure in them!” And such to me are those days on which your drafts for certain fixed sums of literary coin fall due. I always wish, as such times approach, that I dwelt at the North Pole, where there are intervals of six months between the days. But as I am in London instead, I must needs write by the steamer of to-morrow, lest the July number of the *American Practitioner* appear without the letter you so kindly (?) promised our readers.

The membership of the University of Edinburgh Club in London is composed of the alumni—medical and others—of that ancient institution who reside here. They give a quarterly dinner, to which a few guests are invited, and where as one of the latter I spent a couple of hours most agreeably last Wednesday evening. The present chairman, Dr. James Crichton Browne, is a gentleman who needs not to be introduced to his brethren on our side the water. He presided with much dignity, and in proposing the toast of “the University of Edinburgh,” he exhibited a grace and fluency of speech which are not usual among Englishmen. He reminded me forcibly of Edward Everett. Their style of speaking, in-

deed, is much the same. A member of parliament said to me the other day, "if Sir James Paget had studied law instead of medicine, he would have been Lord Chancellor of England." I believe it. He, too, is a charming speaker. And last night, after having listened to the beautiful tribute paid to the old University by Dr. Browne, I could but think that his real place was in parliament, where the field for usefulness would be far larger than his present one among the mad-folks, and in which his striking presence, sonorous voice, finished elocution and captivating rhetoric, would give him at once a commanding position, and make him a truly fitting representative of the great interests of our noble calling. It is positively refreshing, in these days of dull, monotonous teachers and duller and more monotonous preachers, to meet with such a speaker, with one who, having a full clear voice, is willing to let it go out of him in a smooth way,—who neither hems nor haws, nor hesitates nor ahs, but who drives with earnestness right ahead, and being done, quits.

Should Dr. B. object to politics, I would urge him to divide his time between visiting the Lord Chancellor's lunatics and lecturing on elocution and rhetoric in some one of the leading institutions of this metropolis. [Do you know I believe there would be fewer mad-folks, if there were more good speakers in the pulpit and out of it?] And if he accepted this professorship, I should make attendance upon the course compulsory with every student of divinity and with all medical students who looked forward to becoming lecturers. Nay, more, I should urge some men now engaged in teaching in schools, not a hundred miles from your office, to lose no time in booking for the first course.

Mr. Erichsen said to me yesterday, "You, Americans, are all good speakers. You seem to have been born on the stump." How little he knows of the men in some of our medical schools—of the men who fill some of our pulpits! Sir James Paget asked, the other evening, "How is it that you are all orators?" I could have told the amiable baronet that I have found in the great city of New York, and in the

still greater city of Boston, and the yet greater city of Louisville, as miserable drawlers, as wretched mumblers and as inaudible withal, as are to be found on the globe. And it is such as those on whom I would enjoin silence in public or require to have lessons in elocution. And in doing so, I fancy I should add as much to the life of the average medical man as the American Practitioner shortened the lives of such of them as appeared in the Biography of American physicians. Don't you believe it?

Yesterday, as I was going into the Langham, I met our valued friend and very distinguished countryman, J. Marion Sims, who had come over from Paris to visit a patient. He said, "You know, Vandell, I have to work still. I hope, too, there are a good many years of work in me yet." And he certainly looks as if there were. Indeed, I never saw him in more robust health—the same quick-moving, vivid man that to me he was many a year ago. "Meet me to-morrow at the Samaritan, and we'll see some ovariotomies," he added, and we parted. At the time named I found him at the hospital, where I witnessed two ovariotomies—one a very smooth case, a unilocular cyst and no adhesions, done by Dr. Thornton; the other was multilocular, colloid contents, some adhesions, altogether what they call here a "nasty" case, was performed by Dr. Bantock. The operations were done throughout under antiseptics; the pedicles were dropped back into the abdomen, the peritoneum and very little cellular tissue or skin included in the sutures, which in one case were of silk, and in the other of silk gut. The order, quiet, deliberation and thoroughness which marked the entire work were beautiful to see. The clamp is no longer used by either of the physicians. The pedicle is returned to the cavity, and the incision closed by sutures. Verily, how things have changed at the Samaritan since antiseptics were introduced and the illustrious Mr. Wells withdrew!

I endeavor, my dear Parvin, to sandwich the regulation medical meats between the slices of holiday pleasures, lest giving you too continuously either I grow monotonous.

I hope it is a relief to you to find one doctor in all the world who doesn't write to you exclusively of the "shop," or describe a case and ask for your opinion of it by "return mail," without inclosing so much as a stamp for postage.

I started awhile ago to tell you of a dinner—that at which Dr. Browne presided. Being a club of Scotchmen, the dinner would not have been complete unless it embraced some national dish. This it did. In fact it embraced two—"Haggis" and "Sheep's Head and Trotters." The former you have read about in Burns's poems. Always national, Burns has made it classic. Haggis is certain parts of the sheep, made richer with tallow and flavored with onions, boiled in the stomach of the same animal, as you boil puddings in a bag. The parts used are portions of the small intestines, the liver and the "lights." These, along with the tallow and onions, are minced fine, and salt and pepper being added, the whole is placed in the sheep's paunch and boiled until thoroughly done. The taste of the stew is not unlike that of stewed kidneys. I can understand how a hungry man might stow away a quantity of haggis, for, after all, its ingredients are quite the same as those which enter into many forms of sausages that are much eaten. I confess to being about haggis, however, as Mr. Weller was about "weal pie." Much would depend with me on the lady "wat makes it." Burns addressed it, as the distended stomach lay glistening, steaming on the platter—

"Great chieftain o' the puddin' race."

And concluded with:

"Ye pow'rs, wha mak mankind your care,  
And dish them out their bill o' fare,  
Auld Scotland wants nae stinking ware,  
That jaups in luggies;  
But, if ye wish her grateful' prayer,  
Gie her a haggis."

I should and welcome, at least to all my share. Burns, you know, wrote before Soyer's time; and though his genius belongs to mankind his palate was wholly uninstructed, altogether provincial. He had never traveled. He had never

broken Vienna bread, or tasted Virginia biscuit, or seen a French volaille, or enjoyed an English grill. Had he lived to do so, he would have omitted the lines "To a Haggis" from the next edition of his poems.

Seated between Brunton and Ferrier—both Scotchmen—I next tried sheep's head. They declared they liked it, and they ate it as if they meant what they said. For my part, I declare that I don't. Do you remember what I wrote in my letter from San Antonio, two years ago, about *enchilada* and *tamalis*? I repeat those words, and a good many more of the same kind, about sheep's head. Highland breezes, Highland jaunts, and Highland whisky, may work me up to the point of eating it again, but be sure nothing else will. Do you know how it is prepared? Thus:—The head is not skinned, but the wool is singed off, when the head is boiled. The flavor of it didn't remind me of shearing hogs, where one gets much cry and little wool, but quite the reverse. You may improvise the counterpart of the dish any day by singeing a bit of sheepskin, throwing it in boiling water till it gets soft, and serving it hot. If you like it, you can have it with less trouble and expense than the Edinburgh University Club gets theirs, which is specially prepared for them by a direct descendant of the first Scotchman who ever eat singed sheep's head.

Dr. Graily Hewitt will soon put in book-form the Harveian Lectures\* which he gave for 1877, and which appeared some months ago in the *Lancet*. He was good enough to show me, the other day, some of the woodcuts for the volume. I thought them very bold and faithful. I need not predict that the work will have a large sale in America, where Dr. Hewitt's writings are so much read. You remember how sad the expression of Dr. H.'s face was? It is sadder still now. His asthma is growing on him. Don't you wonder at his having been able to do all the work he has done while oppressed by that most dismal of diseases? I saw him remove a uterine

\* Harveian Lectures on the Mechanical System of Uterine Pathology. Delivered before the Harveian Society of London.

fibroid a few days since by the scoop. He had performed a similar operation on the same patient a couple of years before.

Monday last I witnessed the distribution of prizes won by the medical students of University College. Sir Henry Thompson, Dr. Graily Hewitt, Dr. Burdon Sanderson, Dr. Roberts, Dr. Ringer, Dr. Buchanan, Mr. Heath, Mr. Marshall, and other medical men of note, occupied the platform. There were a few ladies present. The London medical student in the class-room is an orderly, quiet, well behaved person; but, on prize days, he apes the bad manners of Oxford on such occasions, and from being individually noisy he grows collectively tumultuous. And such he was the other afternoon. John Simon, Esq., delivered the address, which contained much sound counsel, expressed in the purest English. The address will not appear in print until fall, in the calendar of the college, but I will find room in my next for some of its more striking passages. Mr. Simon is, I should say, not over sixty-five, yet he is quite infirm, and his voice was so feeble that most of the audience must have failed to hear much that he said. I could forgive nearly anything, however, in the author of that "masterly" article on Inflammation in Holmes's Surgery. He bears a very striking resemblance to that excellent gentleman, the late Dr. James C. Johnstone, of Louisville. Most of the prize-winners were Londoners; but Japan, Australia and Mauritius each furnished a representative. Sir Francis Goldsmid, who met his death a few weeks since by being caught between a railway car and the platform, bequeathed to the College two hundred thousand dollars, and to the hospital fifty thousand dollars. Aren't these people princes with their money?

In the year 1123, Rayer,\* a monk, and at one time jester for Henry I., founded a church and priory in honor of the most blessed apostle Bartholomew, and subsequently he established

\* Augustus Hare, *Walks in London*, quotes, in regard to Rayer—or Rahere, as he seems to prefer—Stow to the effect that "he was a pleasant-witted gentleman, and therefore in his time called the king's minstrel."

a hospital in connection with these, which has come since, under the name of St. Bartholomew's, to be known wherever medical science is cultivated. We are told by the biographer of the minstrel that "he had not the cunning of liberal science, but that he was rich in that which is more eminent than all cunning, purity of conscience." He was also, we learn from the same source, able to "delectably anoint the ears and spread the cushions of the nobility with japes and flatterings," so successfully that he acquired an influence with royalty which, along with "spectacles, meats and plays, and other courtly motleys," finally gave him in West Smithfield the land on which the Church, Priory and Hospital were built, and the Fair of St. Bartholomew held for so many centuries.

When the monasteries were suppressed four centuries later, the vast properties which had been acquired by the labors, jugglery and piety of the monk, Henry VIII. refounded the hospital by royal edict, being "moved thereto with great pity for and towards the relief and succor and help of the poor, aged, sick, low and impotent people . . . lying and going about begging in the common streets of the city of London and the suburbs of the same, and infected with divers great and horrible sicknesses and diseases."

The first work published in the English language on anatomy was prepared by Thomas Vicary, for many years superintendent of St. Bartholomew's and Sergeant-Surgeon to Henry VIII., Mary and Elizabeth. John Woodhall and William Clowes, the leading military surgeons of their time, were connected with the hospital. In 1609 Harvey, the discoverer of the circulation of the blood, was appointed physician to the hospital and continued in office thirty-four years.

It is claimed that the school of St. Bartholomew dates from 1662, when it appears students in some numbers began to walk its wards. At the beginning of the eighteenth century, Drs. Radcliffe and Mead were attached to its staff. Permission being given by the governors of the hospital in 1734 for the surgeons to "read anatomy in the dissecting-room of the hospital," Edward Nourse became the pioneer in this branch

of teaching, and for many years gave in the hospital systematic instruction in anatomy. Percival Pott was Nourse's pupil and prosector, and also one of the surgeons of St. Bartholomew's. He, too, gave lectures in surgery, which are classic in this day. Among Pott's pupils was John Hunter. The Pitcairns, William and David, who were physicians to the hospital, added to the importance of the institution by lectures on medicine; and in 1787 Abernethy, then but an assistant surgeon, filled the three chairs of anatomy, physiology and surgery, and made his lectures so attractive that in 1822 it was found necessary to erect a new and more commodious amphitheater. Here Sir Benjamin Brodie and Sir William Lawrence, and to my mind a greater than either, Dr. Latham, sate as Abernethy's pupils. Dr. Latham has left, in one of his unequaled lectures on clinical medicine, a sketch of Abernethy as a lecturer which has often recurred to me, and how often have I wished that more teachers had copied after it. Sir William Lawrence perhaps did, for he was a splendid speaker. Those who never knew Mr. Abernethy, Dr. Latham says, "have no conception of his powers as a lecturer. He so eloquently expounded some of the highest truths, so nicely disentangled the perplexities of many abstruse subjects—made that easy which was before so difficult—he so reasoned, and so acted, and so dramatized it, that we accepted his doctrine in all its fullness. The great Lord Chatham, it is said, had such power of inspiring self-complacency into the minds of other men, that no man was ever a quarter of an hour in his company without believing that Lord Chatham was the first man in the world, and himself the second; and so it was with us poor pupils and Mr. Abernethy. We never left his lecture-room without thinking him the prince of pathologists, and ourselves just one degree below him." There has been a woeful falling off in these fine qualities since Mr. Abernethy's day!

St. Bartholomew's is now one of the largest hospitals, as it is perhaps the richest, in London. It contains between seven hundred and eight hundred beds, and extends its charities

annually to nearly one hundred and sixty thousand sick poor. The distribution of the beds would strike us as being anything but in keeping with the teachings of the times. For instance, two hundred and twenty-seven are allotted to medical cases, three hundred and twenty-seven to the surgical cases, while but twenty are given to diseases of women. The surgeons and physicians have each say one hundred beds, and the obstetrician but twenty—and that obstetrician at present is Dr. Matthews Duncan! It is to be hoped that the conjoint scheme of examinations, whereby candidates will be required to possess a knowledge of obstetrics as well as of medicine or surgery, will, if nothing more, lead to such changes in the hospital service as will give to the teachers of obstetrics a number of beds commensurate with the importance of that department of medicine.

If you should be curious to know further of the history of Rayer, the minstrel, and of the great estates which he amassed for the church, and of what was done with and in and on them, turn to Morley's "Memoirs of Bartholomew Fair," where you can read, in delightful English, graphic accounts of events and people which elsewhere are only hinted at, of scenes as sad, as revolting, as grotesque as have ever been enacted.

It was at St. Bartholomew's Hospital where, thirty two years ago, I delivered to Sir William Lawrence a letter of introduction from one of my revered teachers, Dr. Charles Caldwell. The distinguished surgeon was just entering the door of the hospital, when I approached, and handing him the letter, took off my hat. "Be covered, sir," he at once said. It was the first time I had ever heard that expression used. The second time was when removing my tile one day, in the presence of my late friend Mr. Levi Tyler, that gentleman said, "Be covered, sir; I was a poor man once myself." Mr. Lawrence (he had not then been made a baronet,) passed on into the out-patients' room, and showed me the first case of specific iritis I had seen. You may remember his fine description of that affection in his work on the eye. A few

days after I had the pleasure of passing the day at his country-seat. Mr. Lawrence was devoted to pets, among which was a large monkey. At dinner, when dessert was served, and I had just completed peeling an orange in rather a pretty way, I felt it go out of my hand. Turning, I saw the monkey leap on the back of a chair near by, and there, with the orange between his paws, the beast sate grinning at me. The scene must have been amusing, for Mrs. Lawrence laughed heartily, but whether at me or the monkey I never knew. I have not fancied monkeys as table companions from that day to this.

Sir Sidney Waterlow, M. P., the treasurer of St. Bartholomew's Hospital, and to whom Sir James Paget introduced me on the evening of the "Annual View Festival" of that institution, became most pleasantly known to thousands of Americans as the English Commissioner to the Centennial Exhibition. I should like to tell you of the view dinner or festival, and in my next I may, but not here. Sir Sidney Waterlow presided on that occasion. He has endeared himself to all St. Bartholomew's men by his untiring devotion to the interests of that great charity. He also gives much of his time to the praiseworthy work of selecting sites for, and looking to the proper construction of, houses for the working classes, whole blocks of which, provided with modern conveniences, and looking as fresh and neat and clean as can be, bear witness to his enlightened supervision. He is also deputy chairman of the London, Chatham and Dover Railway. A "deputy chairman" here corresponds to a vice-president with us. I am indebted to him for the following card:

"*The Chairman and Directors of the London, Chatham and Dover Railway Company request the pleasure of Dr. ——'s company on board the steamship *Calais-Douvres*, on the occasion of her experimental trip from Dover to Calais on Thursday.*"

You, who know my exceeding fondness for the sea and all that is in it, need not be told that I replied, "accepts with pleasure." My company reported for duty at the time ap-

pointed, when a special train carrying the chairman, deputy chairman and directors of the road, along with a number of other notables, always agreeable and inevitable newspaper reporter, pulled out from the Victoria station and darted toward Dover. I was favored with a seat in the directors' car, where I had the pleasure of meeting Mr. Forbes, the chairman, a gentleman most favorably known to American railroadmen; Mr. Theodore Martin, author of the *Life of the Prince Consort*, and who is now happy in calling the once Miss Helen Fawcett Mrs. M.; Mr. Leslie, the contractor of the Calais-Douvres; Captain Morgan, R. N., and many other persons of position in railway and nautical circles. I wished that Standiford, and Newcomb, and Rowland, and DeFunias, and some others of our "Great Southern," had been along.

The distance from London to Dover is seventy-five miles. The run was made in one hour and forty-five minutes. The road traverses a lovely country. We dashed along through cherry orchards, hop fields and wheat fields—villages, towns, hamlets. Among the former was Canterbury, whose grand Cathedral, besides being one of the most ancient of places of Christian worship, is also the center of some of the saddest of historic memories. On we sped till the train rushed out on the white cliffs of Dover, at whose feet lay the silver streak which separates England from France. We found the boat in the harbor, with steam up, flying the English and French colors. The sea was smooth, and the air so transparent that the French coast, twenty-three miles away, was clearly visible. We had hardly time to be presented to the officers when the "Calais-Douvres" slipped her moorings, and sped away toward *La Belle France*.

You may remember that a few years ago a vessel was constructed which, it was claimed, would cross the Channel without making its passengers sea-sick, in which respect she was a partial success; but in the matter of speed and control she was a failure, and, after splitting the Calais pier in two one day, she was withdrawn from the trade. The hull of the *Castalia* consisted of two half-ships. Captain Dicey, who origin-

ated the idea, claiming that a vessel so constructed would travel without the motion inseparable from ordinary ships, was, I believe, bankrupted by his venture. The suggestion of the unfortunate gentleman, however, was not lost on ship-builders, and as a result we now have a vessel with two distinct hulls, instead of two half-ships. The Calais Douvres, built by Mr. Leslie, has been purchased by the London, Chatham and Dover Railway Company, and is to be placed in their mail service between Dover and Calais. The twin-ship is, both in size, comfort and convenience, a very great improvement on any of the older vessels in the Channel trade. She is of two thousand tons burden, and her engines of four thousand two hundred horse-power. To my rural eyes, she is constructed on the very principle which you can see any day in the old-fashioned ferryboats plying between Louisville and Jeffersonville. Be that as it may, she made her fourteen knots an hour, almost absolutely without disagreeable motion, and landed us in Calais in one hour and thirty-seven minutes. Quite a crowd of the dwellers in the old French town were on the pier to witness the coming of a vessel in the success of which they are deeply interested. A deputation of officials from the Northern French Railway, the mayor and council of Calais, and other dignitaries, came on board to welcome us. The part of the welcome which seemed most to touch the passengers, consisted in an invitation to an excellent luncheon, served in the railway restaurant. This being disposed of, and a little of the usual speech-making indulged in, we wandered about the quaint old place, some to look at one thing and some another, till the hour arrived to reëmbark. I looked with some interest on the old-fashioned fortifications, which modern arms have rendered practically worthless; on an ancient and somewhat dilapidated cathedral, in the front of which is a marble slab inscribed to Cardinal Armand de Richelieu, because of some present he had made the church; on the fishermen lounging on the quay; on the brown-faced hags who bore on their backs great baskets loaded, some with fish, others with vegetables; on the children, some sunny-faced and

some dirty-faced, who played on the grassy slopes of the ramparts; on the drawbridges and portcullis: but over and above, and under and around, and greater than all these, was the smell, which, rising from the canals and ditches and streets of Calais, is more abominable, permeating and enduring, than that which greets the nostrils of the traveler in that city of odors, Cologne itself. Parvin, my right hand may forfeit its cunning, and my memory drop all that is ancient and historic about Calais, but her smells, never!

Toward sundown the Calais Douvres turned head for Dover, at which place she landed us in good time. There we took the cars, and after what to me was a most enjoyable day, we reached London at midnight. It was the first time in my life, whether on the Atlantic or the Pacific ocean, on the Mediterranean sea or the Gulf of Mexico, in steam vessel, sailing ship, yacht or row-boat, I had ever been one hour on salt water without being uncomfortable—most of the time seasick, much of the time wretched. I made the round trip, on the Calais Douvres, from pier-head to pier-head, without a single qualm, without dizziness, without a moment's discomfort of any kind. So, my dear Parvin, when you come to London and then move on Paris, be sure, if you value quiet of stomach and general peace of your inner works, to select the Dover and Calais route, and cross the channel in the steamship Calais-Douvres. How I wish there was such a vessel running between Liverpool and New York, that I might ship on her when the day comes for my return home!

My room is about eight hundred yards from Sir Henry Thompson's private hospital. I walked the distance one morning last week, witnessed Sir Henry do a lithotomy, stepped into an adjoining room, saw him do a lithotrity; left the building, walked to a hotel four hundred yards away, mounted two flights of stairs, waited for Mr. Clover to administer ether, which he had done to the other patients, saw Sir Henry do a second lithotrity, went down into the street with the operator, looked at my watch and found that I had been away from

home just fifty-two minutes. A pupil of Liston, Sir Henry Thompson, in cutting for stone, makes but two strokes with his knife—one a plunge down to the staff, the second into the bladder, and then out. The procedure is certainly dazzling, and as in the hands of his great master, is done with consummate skill. It happened to him in this instance, however—as I should think it often would do—to slash the bulb so high up and to such extent that a hemorrhage sufficient to require attention occurred. This, it is true, was quickly controlled by the dilatable tampon, first described by Mr. Buckston Browne, Sir H.'s assistant, last autumn in the London *Lancet*, though really in use several years before in certain operations on the trachea and in uterine hemorrhages. The amount of blood lost was not considerable, and the patient has gone on uninterruptedly well since.

I have now seen Sir Henry do one lithotomy, one internal urethrotomy, and two lithotrites—the last of two sittings each. I hope to see him do many more. The gentleness and celerity of his manipulations in lithotritry are simply admirable. I do not believe they can be surpassed.

The ovariotomy which I wrote to the "News" I had seen done a few days back by Mr. MacKellar, at St. Thomas's, has not given rise to a bad symptom. The same has been true of the last four operations done at this hospital respectively by Mr. Jones, Mr. Croft and Mr. MacCormac—all being performed under the antiseptic method. *Fer contra*:—Mr. Wiltshire, at the West London, has recently done three ovariotomies without antiseptics, and with equally good result. And so the question wages. I am afraid I shall not be able to settle it. What a relief to us all it would be if it could be laid.

When I ride by omnibus here, my favorite seat is by the driver. This individual in London is generally a man of weight. He is usually middle-aged, and appears to have grown out of the top of the 'bus, keeping a sharp lookout for the coming, if not also for the going, passengers. His face is usually red—due, I suppose, to his out-door life. He

points out to you all the houses of note, as he picks his way through the crowded thoroughfares. He is chatty, and often original, and seldom otherwise than accommodating. The other morning, on my way to the London Hospital, I mounted to the vacant place by one of these Jehus; and presently seeing two huge draught-horses, I asked what such animals would sell for? "They don't sell at all, sir; they can't be bought. Them wat 'as 'em keeps 'em, sir," my companion replied. "But," I put in, "they must have been sold some time or other?" "Then when they was, sir, they fetched every shilling of a hundred pounds apiece. Such 'osses as them, sir, is werry valuable. Good 'osses is always valuable in Lunnun, sir. They is indispensable like, you know, sir. People in Lunnun couldn't get along without 'osses—they couldn't move without 'osses. The hunderground railways are all very well, you know, sir, but they can't take the place of 'osses. Never, sir. If they was to run 'em hunder hevery street, 'osses would still be required, would still fetch money, sir; because, you know, the better classes of people prefers 'busses after their own carriages. No, sir, Lunnun wouldn't be Lunnun without 'osses."

Just here he pulled up, and the horses he had been driving were changed for a fresh pair. "What would such horses as those sell for," I asked. "If them 'osses was sound and young as they was when I first saw 'em, they'd fetch sixty pounds apiece. But 'osses don't last long in Lunnun, sir. They git bent in the knees, and go to pieces in a little wile."

A span of handsome black horses in a large carriage passed us. "What would they sell for?" I asked. "Two hundred and fifty to five hundred guineas, according as they was aged and mannered, sir. If they was real well mannered, so as a lady could drive 'em, they'd fetch a'most what you'd choose to ask for 'em. Them is 'osses wat belongs to the nobility, or to people wat 'as a lot of money. And you know, sir, people in Hengland wat 'as money, never stands on the price of a 'oss. If they wants a 'oss they 'as 'im. Why, sir, didn't the Duke of —— give fifteen thousand pounds, no later than

the other day, for a colt—a mere colt, sir, wat 'ad never made a canter even. But wat was that to 'im? Money is no hobject to 'im. He 'as four 'undred thousand pounds a year, and 'is hincome is growing every day. Why, he 'ardly remembers by this time that he paid out such a pot of money. No, sir, that hawful lot of money wasn't more than fifteen pence would be to me, you know. Nor so much in fact, for he had his wine that day all the same, you know; and if I was to drop fifteen pence, I should 'ave to go to bed without my beer, you know, sir."

"'Ello! 'ere we are, sir," and the man of 'osses drew rein opposite the gate of the London Hospital, when I left his pleasant company and went in to see some surgery.

You musn't think, because I am faring so sumptuously every day, that I am also clothed in purple and fine linen, for I am not. I am in the same business suit that my Louisville tailor, Walshe, made for me, which I find quite up to anything I see here. Men's garments are cheaper here than with us, and are said to wear better; but as to style and finish they are not superior to such as we get of any good tailor at home. The medical men of London dress no better than those of Louisville—quite as plainly, I am sure. And their winter garments, now "lingering in the lap of spring," are just as threadbare. Among all the great people—and it has been my good fortune to see at the hospitals most of those whose names are familiar to the profession in America—I haven't seen one who was what they call here "smart" in his dress; not one who seemed to pay, to use another English phrase, any special attention to his anatomy. Life is too short, and the struggle for a place in it too sharp, to leave a medical man much time to think of the style of what withal he shall wear. He is contented in having a sound garment, and wears it without regard to fashion, as long as it is genteel. There are men in London, whose writings are known in every medical household in the United States, whose incomes from their practice are less than five hundred dollars a year. What do

you think of that, you young Esculapii, some of whom spend more than the half of this sum annually in what the young collegian enters on his expense account as "sundries;" and who are soured with all mankind, if they don't make double that amount the second year of their work? Whatever else America may be, it is the paradise of "Young Physic."

Another word as to dress:—Before I left home several of my lady friends, knowing my admiration for handsome female attire, entrusted me with commissions in that line. Of course I shall do as I have been told, having been raised thus and pretty carefully kept since in this respect, in the way I should go; but I venture the remark that if any woman in Kentucky is wearing a dress made by Mrs. Dougherty, it will be difficult, if not impossible, to get one of equal style from any English dress maker.

I was much interested, the other day, at the Hospital for Diseases of the Skin, where I had the pleasure of meeting Mr. Malcolm Morris, one of the assistant surgeons, whom I should name as one of the coming skin men. Patients, on coming to the hospital for the first time, are given the printed rules of diet and general directions to be observed while under treatment. Among the directions two may, perhaps, be repeated with advantage here:

"Remove flannel from next the skin affected; or line it with soft linen. Wash with warm water; and as regards the *diseased* skin, not more frequently than cleanliness requires.

"Avoid using *soap of any kind* to the affected parts; substitute to cleanse the *diseased* skin, instead of soap, a paste or gruel made of bran, oatmeal, linseed meal, arrow-root, or starch and warm water, and rinse off with warm water, or warm milk and water; and employ yolk of egg and warm water to cleanse the scalp."

A year or two back Mr. Balmanno Squire suggested, as you will remember, multiple incisions of the skin for port wine marks—to be done with the ordinary cataract needle; and the treatment was satisfactory in many cases. Mr. Morris has improved on this very greatly, I think, by substituting for the single blade an exceedingly small scarificator with twelve

excessively thin blades, set in a handle within the sixtieth part of an inch of each other, whereby the procedure is effected much more expeditiously. The scarificator is provided with a screw on one side, whereby the depth of the incision can be regulated. Besides considerable experience in this mode of treating the port-wine stains, Mr. M. is encouraged to believe that it will prove exceedingly useful in superficial or erythematous lupus, such as is often met with in young girls, since it is quite as efficient as caustics, and destroys much less skin surface. Such cases of the kind as you may have, bid be of good cheer, as I shall bring you one of the scarificators. And while on the matter of "cutaneous diseases of the skin," as an old friend of mine was in the habit of saying, it is pleasant to be able to state that the American Journal of Dermatology is regarded here by skin specialists as being very ably conducted, and in every respect creditable to their co-workers in the States.

A few days since I met Dr. Thompson, of Vevay, Ind., who is here at the Moorefield's Hospital, working at the eye and throat. He has been in Vienna for the past six months, until recently, engaged in the same studies. He thinks of making Louisville his future home. I trust he will do so, for he will be a valuable accession to our professional ranks.

Dr. Coyle, a former pupil and clinical assistant, arrived here from Louisville on Thursday last, and set in at University College Hospital the next morning. It is pleasant to see such earnestness in work as Drs. T. and C. show, and it augurs well for their future success.

Always, my dear Parvin, faithfully yours,

D. W. YANDELL.

## Reviews.

**Atlas of the Diseases of the Skin.** By BALMANNO SQUIRE, M. B., Surgeon to the British Hospital for Diseases of the Skin. London: J. and A. Churchill, New Burlington Street. 1878.

This is part first of a work by a dermatologist almost as well known in this country as in England. The form is exceedingly convenient; the plates, which are four in number, viz., the first of *nevus vascularis*, the second of *nevus vascularis* (with *molluscum*), the third of *psoriasis diffusa*, and the fourth of the same after treatment, are remarkably good; and the text, of eighty-nine pages, all that could be desired.

This little volume is remarkable for its originality; it is not a made-up book, the result of other books, but the rich product of personal experience. For example, we have given the author's treatment of "port-wine" marks, with the description and illustration of the instrument, a scalpel with sixteen parallel blades, devised by him for scarification—an instrument which, our readers will observe, is referred to by Dr. Yandell in his letter in this number of our journal.

So, too, in the treatment of psoriasis, he gives the results of his use of phosphorus internally, and chrysophanic acid locally.

In reference to the former he states that he has found it of unquestionable efficacy, exercising a prompter and more decisive influence over the disease than is commonly evinced by arsenic. He then remarks:—"I have employed it in the favorite form of 'perles' (the little French capsules sold under that name), containing each one-thirtieth of a grain dissolved in oil. Of these perles I give at first one three times a day, gradually raising the dose within the course of a week to as many as four perles three times a day after meals; as a

rule, I find this dose is tolerated without gastric pain or inconvenience of any kind, except perhaps an occasional 'rising' of the taste of phosphorus. Twelve perles a day—equal to two-fifths of a grain of phosphorus—are, in my experience, the utmost dose that most patients can tolerate with comfort. Thus administered, phosphorus seems to attain its maximum effect on the eruption within a month's course of treatment. I have seen more than half of an extensive eruption of psoriasis disappear, under the influence of phosphorus alone, within thirty days."

He observes that certain modes of local treatment are far more efficacious than any internal treatment. Among local remedies his decided preference is for an ointment of chrysophanic acid, often curing with it cases of twenty or thirty years' standing in from one to two weeks. "The strength of the ointment may be from five grains up to as much as two drachms of the acid to the ounce of lard. The ointment is far more active if prepared by the aid of heat, inasmuch as hot lard dissolves the acid. The remedy has some disadvantages. It stains the underclothing. It is apt, if incautiously used, to inflame unduly the skin; and I must add that especial pains must be taken to keep it away from the eyes, which otherwise are apt to be affected with smart conjunctivitis."

We are sure that part first of Squire's *Atlas* will be most acceptable to the profession, and we can hardly imagine that any of the succeeding numbers, for the issue of all of which we shall look with great interest, will be any more valuable.

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"**What Anesthetic Shall We Use?**" By J. J. CHISOLM, M. D., Professor of Diseases of the Eye and Ear, University of Maryland, etc. 1877.

A most admirable monograph, advocating the choice of chloroform in preference to all other anesthetics. It presents a careful analysis of anesthetic effects, and gives succinctly the best series of suggestions for administration that the reviewer has noted.

J. G. R.

**Transactions of the American Medical Association.** WILLIAM B. ATKINSON, M. D., Chairman of the Committee of Publication. Volume XXVIII. 1877. Collins, Printer, Philadelphia. 694 pp.

One of the most noteworthy papers in this volume is that of the president, Dr. Bowditch, who reviews the past and present condition of the Association. He does not hesitate to allude to the shortcomings of the society, which have been the cause of alienation from it of some of the prominent men of the profession. Some of these causes are, want of time for scientific discussion, the time being occupied by "men furiously discussing points of order;" the infliction upon the association of long and prosy papers; the governing of the association by violent partisans at times, and the passage of unwise resolutions insulting, it may be, to large communities. These are some of the causes that have lowered the reputation of the association. Important suggestions as to the future of the association are presented, which are worthy of trial.

The addresses and papers in this volume are all well worth a close perusal, and we imagine none of them have been printed in the Transactions after having been refused by medical journals, as has been said of some papers in former days.

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**Congenital Occlusion and Dilatation of Lymph Channels.** By SAMUEL C. BUSEY, M. D., Professor of the Theory and Practice of Medicine, Medical Department of the University of Georgetown, Consulting Physician to St. Ann's Infant Asylum, etc., etc. New York: William Wood and Co. 1878. 8vo., pp. 187.

This volume is composed of papers which the author has contributed to the American Journal of Obstetrics from time to time during the past year. By glancing at the foot-notes in this book, it will be observed that Dr. Busey, with untiring energy and patient research, has carefully culled from a large field of the French, German and English literature.

The case which led the author to investigate and make this

extensive report was that of an infant four days old, presenting a congenital hypertrophy of one leg, which "began at and involved the right pudendal labium, and extended throughout the leg." The healthy leg, at the groin, measured seven and a half inches; at the calf, five inches. The unsound leg, at the groin, eleven and a half inches; at the calf, seven inches. There are folds of the soft parts, the flexures dipping deep; also various small prominences on the leg from which fluid can be pressed. There is partial sclerosis, and in regard to this case as well as the rest, the remark is made that the "essential histology and clinical features of the affection classify it as a variety of elephantiasis arabum."

Eighty-eight cases are presented and considered, with fifty-six illustrations. The disease has affected, in almost every case, one of the extremities. The cases are divided into the curable and incurable. For the curable, the treatment is constitutional and local. The constitutional treatment consists of rest, tonics, "appropriate diet and judicious hygiene." The local treatment consists in removing all obstruction to the lymph stream, by pressure, by kneading, and other measures, or in obliteration of the lymphatic vessels by scarification, succeeded by nitrate of silver, or the actual cautery, and obliteration by excision and amputation. Injecting the tumor with tincture of iodine and puncturing, are also advocated.

This book is an addition to a library, whose place can not be filled by any other one book, or probably by many books.

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**Treatment of Diphtheria.** By E. W. CHAPMAN, A. M., M. D., Professor of Obstetrics, Long Island College Hospital. 1877.

A monograph of twelve pages, most emphatically advocating the use of alcohol, quinia and iron, in this fell disease. The author deems alcohol and quinia absolute antidotes to the specific poison causing the disease. In eighty-five cases he reports no death.

J. G. R.

**Materia Medica for the Use of Students.** By JOHN B. BIDDLE, M. D., Professor of Materia Medica in the Jefferson Medical College, etc. Eighth edition, Revised and Enlarged. Illustrated. Philadelphia: Lindsay and Blakiston. 1878.

Never did author better attain his aim than has Professor Biddle, in the production of this book for students. The eighth and last edition especially is a masterly compendium of all that is essential, most recent and most approved in relation to this special branch of medical science. Nothing has escaped the writer's scan; all the new remedies against disease are duly and judiciously noted, and the old and tried have been duly protected in the position of their evergreen laurels. Amyl nitrite, jaborandi, salicylic acid, eucalyptus, dialysed iron, etc., are appropriately conglomerated with the calomel, ipecac and opium of the ancients. The book is a pleasant octavo of four hundred and thirty pages. Students will certainly appreciate its shapely form, grace of manner, and general *multum in parvo* style.

J. G. R.

**Prescription Writing**—Designed for the Use of Medical Students who have never Studied Latin. By FREDERIC HENRY GERRISH, M. D. Second Edition. Portland, Me.: Loring, Short and Harmon. 1878. 16mo, pp. 51.

Some eminent physicians in America advocate the writing of all prescriptions in English; but we prefer that language (the Latin) for prescription writing, which is understood by all educated physicians and apothecaries in all countries. We regard this book as a practical aid to correct prescription writing, especially valuable to the student and practitioner who, without any previous instruction in Latin, are attempting to write Latin prescriptions. We trust, however, as the writer says, that the time is not far off when no one will be allowed to matriculate in a medical school who has not a good reading knowledge of easy Latin.

A. M.

**Lacerations of the Cervix Uteri, as a Cause of Uterine Disease.** By W. H. BAKER, M. D., Instructor in Gynecology, Medical Department Harvard University. Cambridge. 1877.

Practically an appendix to Dr. Emmet's dissertation on this subject. Reports eighteen cases of chronic trouble cured by paring and suturing the surface. Danger—hemorrhage and inflammation; the one controllable by the uterine tourniquet and sutures, the others by cleaners and disinfectants.

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**Report of a Successful Case of Cesarean Section, after Seven Days' Labor, with Comments.** By ED. W. JENKS, M. D., Professor of Diseases of Women, Detroit Medical College, etc. New York: William Wood and Co. 1877.

The author used and advocates uterine sutures, preferring catgut, as a means of preventing bleeding, which he considers the most frequent cause of fatal results, and deeming them relatively innocuous.

J. G. R.

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**Seventeenth Annual Report of the Cincinnati Hospital, for the Year ending Dec. 31, 1877.** H. M. JONES, Superintendent.

During the year 1877, three thousand nine hundred and seven patients were received and treated in this, the largest hospital of the west. The death rate is low, being seven and a half per cent., as reported by the president of the staff, Dr. C. G. Comegys. A new amphitheater has recently been built, which is a very great addition to the facilities for clinical teaching which is so well carried out in this hospital.

## **Clinic of the Month.**

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TREATMENT OF PLACENTA PREVIA.—Dr. Charles Bell, Edinburgh Medical Journal, June, 1878, thus presents this subject: There has hitherto been a remarkable degree of empiricism in the treatment of placenta previa, arising apparently from its alarming and dangerous character, which has induced some practitioners to endeavor to check the flooding without delay, even at the sacrifice of the child's life. Many remedies have in consequence been adopted, but the first in importance is the artificial delivery of the child by turning. This operation was first suggested by Ambrose Paré, and afterward strongly advocated by Guillemeau, and it has been considered the most valuable remedy by the generality of the profession since his time, and it is certainly the most advisable when the os uteri is sufficiently dilated, or dilatable, to admit of its being performed, more especially if the woman has stamina enough to undergo the operation, and there is an obvious tendency in the uterus to contract. Should there be no evidence of uterine energy, however, it will be necessary to have recourse to stimulants, and the ergot, given either by the mouth or by subcutaneous injection, in order to rouse the uterine energies if possible before attempting the operation. But some accoucheurs have objected to artificial delivery, from its being liable to be followed by fatal consequences. There is too much reason to believe, however, that these results are more frequently produced by its being injudiciously performed than its inherent character. Nevertheless, the prejudice against it has led to two other operations being suggested as a substitute for it; the one by Sir James Simpson, the other by Dr. Barnes. The operation suggested by Sir James Simpson is the entire separation of the placenta, which he so strenuously

advocated that some practitioners, ignorant of the history of the subject, have supposed that he originated it; but he only revived it, as it was performed by Portal two hundred years ago, and the success attending his operations seems to have induced others more recently to practice it; the most celebrated of whom, previous to Sir James Simpson, was Mr. Kinderwood, who reports several cases, some of which were successful, so far as the mother was concerned; others were fatal to both mother and child. It is very questionable if the cases in which the mothers were saved would not have been equally successful had turning been adopted in place of entire separation of the placenta, when in all probability the child might have been saved.

The argument used by Sir James Simpson in support of this operation is in many instances quite untenable, as it goes on the ground that hemorrhage "chiefly, and in most instances entirely proceeds from the other surface, namely, that of the placenta;" or perhaps, more properly speaking, of one large maternal vascular bag, into which the blood of the mother is conveyed by the utero placental arteries," and by its removal the hemorrhage would cease.

Upon this principle the placenta might be compared to a reservoir supplied by many pipes, and from which, when injured, fluid might escape; but, unless a check were put on the supplying vessels, its mere removal from its locality would not prevent the drain upon the source from which the fluid came; neither will the separation of the placenta check the hemorrhage from the uterus, unless it has energy enough to contract on its vessels, so as to prevent the circulation through them after the placenta is detached. Therefore, if the patient is so exhausted that the uterus can not act, this operation is equally hazardous to the mother as turning, while it is almost certainly fatal to the child.

Dr. Radford, who seems to be favorable to this operation, says:—"I conclude that on a complete separation of the placenta the hemorrhage is immediately and completely suppressed, provided the uterus is in a condition so far to contract

as to force down the head with the placenta upon the uterine openings." This is a very erroneous idea, as a little observation will show that the fetal head is ill adapted to act as a plug; and no internal pressure would have the effect of suppressing the hemorrhage, which can only be overcome by the same action on the part of the uterus and its vessels previous to the birth of the child as takes place after delivery.

Dr. Barnes, while he strongly objects to the entire separation of the placenta, advises another operation on the same principle, which has for its object the extension of the partial separation of the placenta, then leaving the case to nature. Now, experience shows that the great cause of anxiety on the part of the accoucheur, and danger to the mother and child, is partial separation of the placenta, in some cases even to a limited extent; yet this author considers that, by this operation, "the case is resolved into a natural labor." He finds this remarkable opinion on the supposition that "there is then an anatomical or physiological limit to the extent of placenta liable to detachment during the expansion of the womb;" and that he has discovered that limit, and can discriminate it during labor, and he designates it the "cervical zone," "the region of dangerous attachment," and by separating the placenta from it hemorrhage ceases. This is, however, a mere hypothesis, as there is no part of the uterus from which the placenta can be separated artificially without danger of hemorrhage, unless uterine contraction immediately takes place. Therefore, this operation is equally, if not more, hazardous than the one recommended by Sir James Simpson.

The only tenable argument which has been used in favor of either of these operations is that they can be performed with less shock to the mother, and requires less manipulation, or manual violence as Barnes calls it, than artificial delivery. But this is a mistaken idea. For, in the first place, the os must be dilated to considerable extent before it is possible to introduce the finger sufficiently for the separation of the placenta; and, unless there is great tendency to detachment on the part of the placenta, a considerable degree of force will

be required to effect it. This is verified in Dr. Reid's case, in which he could not force his finger into the anterior part of the uterus to which the placenta adhered; and every one must have experienced the difficulty of separating the placenta in hemorrhage occurring after delivery of the child.

There are other remedies which have been deservedly appreciated in unavoidable hemorrhage, namely, plugging and rupturing the membranes, both of which are most beneficial in the cases suitable for their employment.

Having referred to the most important remedies which have been employed in placenta previa, it now remains to decide in what cases they are most likely to be useful; and this is the most difficult part the accoucheur has to perform, and his success will, in a great measure, depend on his forming a correct diagnosis. If the os uteri is small and rigid, this will be rendered a very difficult matter. Therefore our duty will be, in the first place, to have recourse to plugging, until this state of the os is overcome; and the best kind of plug is the india-rubber bag filled with air, which Dr. Keiller had the merit of introducing into midwifery practice. This is infinitely superior to "Dr. Barnes's bags," as they are called, which are filled with water. The bag filled with air not only affords a light and good support, but it enables the accoucheur to ascertain if the hemorrhage is still going on, and it is easily applied; whereas, if a sponge or handkerchief is employed, it is introduced with difficulty, and the blood is prevented escaping, so that the accoucheur is kept in the dark as to the continuance of the hemorrhage, unless the general condition of the patient enlightens him.

If the labor pains are active, it will be desirable to remove the plug to ascertain what progress has been made in the dilation of the os, and if it is sufficiently dilated, or easily dilatable to admit of the hand, and the child has been ascertained to be alive, and the hemorrhage profuse, there ought to be no delay in delivery by means of turning. But if the child is dead, and the mother much exhausted, it may become a question if the entire separation of the placenta may not be

attempted, especially if there is a natural tendency to its being detached by the uterine contractions. If the *os uteri* is not sufficiently dilated to admit of either of these operations, and if the case is one of central presentation, the plug should be again employed, as it is probable that the hemorrhage is caused by the placenta being put on the stretch by the pressure of the child's head, and the support afforded by the plug may have the effect of checking it until labor is further advanced. But if it is a partial presentation, and the distended membranes are found occupying the entire disk of the *os*, rupturing them may have the effect of checking the hemorrhage, by allowing the uterus to contract on the vessels from which it was flowing, just in the same manner as takes place when they are ruptured in accidental hemorrhage. In regard to Barnes's operation, I can not imagine any case in which it would be justifiable.

CONTRIBUTIONS TO THE HOT WATER TREATMENT OF UTERINE HEMORRHAGE.—In the *Memorabilien*, Heft 4, 1878, Dr. Alois Valenta reports three very desperate cases of uterine hemorrhage treated by injections of hot water.

The first case was one of protracted abortion in a multipara at the fifth month. The hemorrhage had occurred frequently during the past month, and the patient was anemic and almost lifeless. An injection of hot water ( $40^{\circ}$  Reaum., equivalent to  $122^{\circ}$  Fahr.), with some carbolic acid in the water, was applied through Fritsch's intra-uterine catheter, and the subjective and objective signs clearly showed contraction of the uterus with expulsion of shreds of remaining placenta. It was necessary to repeat the injections on the two days following, the temperature of the water being  $36^{\circ}$  Reaumur ( $113^{\circ}$  Fahr.). There was no hemorrhage after this, but a peritonitis with exudation developed, from which the patient recovered, and was entirely well within six weeks.

The second case was one of abortion in the beginning of the third month. The patient was exhausted from repeated loss of blood, and in her case, as in the first, pieces of ice,

ice-water, ferri sesquichlor, and ergotin injections had been used without any good result, also the tampon. The finger was introduced and portions of the membranes taken away, and hot water injected with permanganate of potash in it, temp.  $42^{\circ}$  C. ( $107\frac{1}{2}^{\circ}$  Fahr.), with the best results. There was a slight tendency to perimetritis, but the patient was out of bed in two weeks.

The third case was one of excessive metrorrhagia, on the tenth day after labor at full term, in a primipara. There was considerable hemorrhage, caused by a portion of detached placenta, which was scraped away, and an injection of water, temp.  $37^{\circ}$  Reaum. ( $115\frac{1}{4}^{\circ}$  Fahr.) used. There was no more hemorrhage, and the patient was well in a short time.

*Critical Remarks.*—The first point to be observed is that the patient, as soon as the hot water injections were commenced, could clearly feel the contractions of the uterus, as one could himself observe the contractions. It appears, therefore, to be proven from the facts that the *hot water injections induce without doubt quick and energetic contraction of the uterus.*

2. An important point, very favorable to the hot water injections in preference to the cold, is the consideration that by the latter, so far as the body-heat is concerned, patients very much reduced will always be deprived of more warmth, while *by the hot water injection warmth in an inverse proportion will be produced*, which is essential in very anemic patients.

3. It is also especially to be noted that the general feeling of the patient from injections of hot water is an agreeable one, while the cold water treatment is decidedly unpleasant.

4. The resultant reaction in the cases observed, after the hot water injections, is not only not more violent than the cold water injections, but, in the judgment of the writer, milder.

5. The temperature of the water should be from  $40^{\circ}$  to  $42^{\circ}$  R. ( $122^{\circ}$  to  $126\frac{1}{2}^{\circ}$  Fahr.), with some disinfectant, as carbolic acid or permanganate of potash. Dr. Atthill, of Dublin, says that in these cases the water must not be less than  $110^{\circ}$ , and may safely be  $115^{\circ}$  Fahr.

6. This treatment of uterine hemorrhage should no longer be resorted to as a last refuge, but should be adopted as soon as possible in cases of this kind.

SANITARY WORK OF THE BROOKLYN HEALTH BOARD IN THE CARE OF CONTAGIOUS DISEASES.—Dr. J. H. Raymond, in the Proceedings of the Medical Society of the County of Kings, June, 1878, gives the following important information:

The sanitary work of a health board is in great measure dependent upon the sympathy and coöperation of the medical profession. It is not to be expected that this sympathy will be excited, unless physicians are aware of the nature of the work they are expected to participate in; and it is to give this information that this paper is presented.

During the year 1877 there were five thousand five hundred and twenty-nine cases of contagious diseases reported to the health office; of these one thousand five hundred and ninety-eight were fatal. For several years scarlatina and diphtheria have been the prevailing zymotic diseases; small pox having caused no deaths since June, 1877, and no cases having been reported since July of the same year. In October, 1877, a plan was inaugurated, with the object in view of diminishing these terrible scourges. This, in brief, included the following:

First. To notify every physician, undertaker and minister in the city, that in all deaths from these diseases the funerals must be strictly private. This action was made necessary, because inspections showed that public funerals were the rule; that scores of people, many of them children, assembled to pay their last respect to a deceased friend, sitting for one or two hours in the same room with the body, which was never disinfected and the coffin always open. It was a frequent practice for the friends to kiss the corpse, even when the case was of the most malignant type. It was necessary, in one instance, to cause the arrest of a father who had permitted fifteen persons to be thus exposed; he was fined by the court. Six months ago the daily papers contained notices of deaths from contagious diseases, stating that friends were invited to

be present at the funeral. To-day such notices are seldom published, and when they are, steps are immediately taken to prevent such assembling.

Second. Notices are sent to parents, as soon as the case is reported by the physician, directing them to keep the child, and all other children in the family, from school. At the same time, all the principals of the public and other large schools in the city are notified of the name and address of every case of contagious disease reported, and instructed to permit no child from the infected house to attend school. It would be absolutely impossible to do this work without an additional clerk, were it not for the electric pen. During the Christmas holidays there were no schools in session, so that no reports of contagious diseases were sent to the principals. On the second of January a list of two hundred names and addresses of those reported during that period sick with scarlatina and diphtheria were sent to each school. Fifty such lists, making in all ten thousand names and addresses, were written, directed and mailed inside of three hours. To have done the same thing in the ordinary way would have taken one clerk at least fifty hours.

The following statistics of the deaths for the first quarter of 1877 and 1878 are of interest, as showing that this attempt to diminish the number of these diseases has not been a fruitless one:

	1877	1878
Small-pox . . . . .	4 . . . . .	0
Scarlet fever . . . . .	183 . . . . .	147
Diphtheria . . . . .	228 . . . . .	131
Typhoid fever . . . . .	20 . . . . .	5
Total zymotic diseases . . . . .	715 . . . . .	536
Deaths during April . . . . .	1877 . . . . .	1878
Diphtheria . . . . .	68 . . . . .	24
Scarlet fever . . . . .	70 . . . . .	37

If physicians made no reports, this work could not be performed. To be effective, action must be prompt. The neglect to report each case promptly prevents a prompt report to the

schools, and oftentimes keeps in a crowded room a scholar from the very apartment where a malignant case of scarlet fever exists. The principals of the schools are in hearty sympathy with this work, and often letters are received calling attention to the fact that some one has scarlet fever or diphtheria whose name is not on our list; and many cases of which we would be ignorant come to our knowledge in this way. Want of care in filling out a report often creates great mischief. These reports are permanent records, and brought into court and used as evidence, oftentimes against the owner of the house in which the contagious disease is said to have occurred. Physicians not infrequently locate the case at the wrong number, and unless great care is exercised, the mistake might not be discovered. Promptness in making the report, and care in filling it out, will greatly aid the sanitary work of the health department.

CHRYSPHANIC ACID OINTMENT IN PSORIASIS.—Prof. Neumann, the eminent dermatologist of Vienna, (*Wiener Mediz. Presse*, No. 14-16, 1878,) having made extensive trials with this ointment at the General Hospital, Vienna, in the treatment of psoriasis—as first recommended by Mr. Balmanno Squire at the latter end of 1876—is very favorably impressed with the results. After giving due credit to Mr. Squire, and to the other English observers who followed him in this research, the Professor winds up an able paper with the following summary:

1. That chrysophanic acid, derived from goa-powder, is an excellent remedy for herpes tonsurans, pityriasis versicolor, and psoriasis vulgaris.
2. Psoriasis in its earlier stages begins to disappear after a few applications of the drug, and in a far more unequivocal manner than under any other remedy that has ever yet been used against psoriasis.
3. Even inveterate forms of the disease can be abolished by means of chrysophanic acid, and it is quite the exception to find them oppose any protracted resistance to it.

4. Chrysophanic acid is a perfectly painless application to the diseased skin. The morbid phenomena occasioned by it on the healthy skin result apparently from the admixture of resinous matter with the acid.

5. As a result of this mode of treatment, psoriasis belongs no more to those skin diseases which in so high a degree are a source of misery to the patient, and it has now become an easy matter to cure relapses. Every patient with psoriasis that I have as yet treated by this means gives the palm, without hesitation, to this method of treatment in preference to others. In any case, this, at the least, is emphatically true—namely, that the therapeutics of skin diseases have, for the last ten years, been enriched by but few remedies which have been crowned by so eminent a success as the one in question.

6. There are other skin diseases also which are curable by chrysophanic acid, but upon these I will not report until I have accumulated more material.

7. Lastly, I desire to express a hope that this method, which I am the first to promulgate in this, my country, may be examined by other observers, and I do not doubt but that it will soon permanently assume its due rank amongst the treasures of therapeutics. (The Doctor, June, 1878.)

ETHER-SPRAY FOR THE OBSTINATE VOMITING OF PREGNANCY.—M. Dujardin-Beaumetz communicated to the *Société de Thérapeutique* a case of obstinate vomiting in a pregnant woman, which had resisted all hitherto proposed means,—valerianate of caffeine, chloral, opium plaster, creasote, pep-sine, tincture of iodine, etc.,—and which yielded to pulverized ether, as suggested by Dr. Lubelski. Immediately after a meal, ether was applied by Richardson's instrument for five minutes to the middle of the dorsal region and over the stomach. Vidal recommended chloral by rectal injection, stating that, given by the mouth, he had not seen any beneficial results. (*Annales de Gynécologie*, May, 1878.)

### *Notes and Queries.*

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AT BUFFALO.—The Buffalo meeting of the American Medical Association deserves rank among the best of the annual assemblings of this body. The large number of physicians in attendance, the kind and generous hospitalities of the doctors and other citizens of Buffalo, the excellent arrangements of Dr. Rochester and his colleagues, the address of the President, Dr. Richardson, an address peculiarly rich in practical suggestions, the addresses of the Chairmen of Sections, the great variety and decided excellence of most of the papers presented the Sections, the freedom from all strife and any serious discord—all these things combined to make the meeting interesting, useful and pleasant.

So far as work in the Sections was concerned—and this is the most important work of the Association, that which is most interesting and valuable to the profession—especial praise must be given those Chairmen who secured papers, and the Committee of Arrangements who had printed a programme of all the work, not only of the Association but of each of the Sections. This printed order of exercises—similar to that which was had at the Centennial Medical Congress, and which we in vain begged the gentleman having the matter in charge for the Chicago meeting to imitate—greatly increased the interest, and facilitated the practical working of the machinery, and economized time. We doubt if the step so wisely and usefully taken by Dr. Rochester and his colleagues, in providing this printed programme, will ever be retraced by other committees of arrangement.

The various addresses alluded to and the papers read before the Sections, will make a volume of transactions equalling, if not surpassing, any of its predecessors.

Of the receptions given by the Buffalo Club, the Fine Arts Association, and the Society of Natural Sciences, by Dr. and Mrs. James P. White, and by Mr. Bronson Rumsey, too high praise can not be given. The general testimony of those who were at that given by Mr. Rumsey was that never, in this country nor elsewhere, had they witnessed such a beautiful display as was presented by the house and grounds of this rich and generous host. A spacious house with many rare paintings and the finest bronzes, ample grounds with great forest trees, and shrubbery threaded by winding paths, mounds and grottoes, a lake and stream and cascades, the lake rippling with the boats urged over its surface by gay rowers, and ringing with all happy utterances and glad laughter,—the whole scene of wood, of sward and of water, of winding paths and concealing shrubbery, illumined by hundreds of Chinese lanterns and by uprising columns of red fire, while choice music from a band by the house came floating wave-like to the most distant retreats;—such was a picture that seemed as if one had been transported to a real fairy-land, or were dreaming rather than awake hearing and seeing with true ear and eye. Nor must we forget that not only the six hundred visiting doctors, several so fortunate as to have with them their wives and daughters, but many of the best citizens of Buffalo, both medical and lay, male and female, were present.

Ah! if one, in the midst of such scenes of splendor and enchantment, could adopt the philosophy of Bishop Berkeley. The good Bishop declared—let no cruel jester, remembering that in philosophy he was an idealist, reject our quotation with the remark that *what he believed made no matter*—“I have discovered that I am the natural proprietor of all the diamond necklaces, the crosses, stars, brocades, and embroidered clothes, which I see at a play or birth-night, as giving more natural delight to the spectator than to those that wear them. And I look upon the beaus and ladies as so many paroquets in an aviary, or tulips in a garden, designed purely for my diversion. A gallery of pictures, a cabinet, or library, that I have free access to, I think my own. In a word, all

that I desire is the use of things, let who will have the keeping of them."

However, whether we can believe with Berkeley or not, that brilliant pageant, that gorgeous dream-like vision of grace and splendor, of the combined beauties of art and nature, the "Rumsey reception," has passed away, probably never to be repeated in the lives of one in ten who witnessed it, but to remain in the memory of all a joy forever.

On Friday afternoon, the Buffalo profession gave an excursion to Niagara Falls. Very many of the citizens of Buffalo, gentlemen and ladies, were also invited. Those of us who saw "Niagara" for the first time, and then for only a few hours, are not qualified to speak of it, to make known the impressions it produces, and the thoughts it suggests. One may well be silent, awe-struck in the presence of a power so grand and tremendous—the swift rush and thunderous plunge of the mighty waters, so that the very earth trembles with the shock, and, lo! there is no intermission in the rush, and no pause in the plunge; beneath the writhing, struggling sea of foam; above rainbow crowns, trembling and evanescent; and far up a column of spray-cloud, that can be seen twenty miles away. In "Gwendolen," George Eliot, in a picture of the ocean, refers to it with words almost equally applicable to Niagara, as everywhere the same grand, monotonous, incomprehensible waste, always that mighty element of combined harmless matter, crowded into an overwhelming whole, and then remarks, "It requires years of observation, filled in with days and weeks of study and experience, before even this stupendous grandeur can awaken in tiny soul of mortal a comprehension of our own nothingness."

A six o'clock collation at the International Hotel was to be immediately followed by a return to Buffalo; and the collation over, cars and people were ready, but no locomotive was there,—it was miles away, and the waiting train was what might be called after Hood a *non sequitur*. Somebody had blundered, but nobody grumbled. After awhile the wished for locomotive came, and a little after eleven P. M. the happy,

grateful excursionists were brought safely to Buffalo. Not the least enjoyable part of the trip was that spent on the cars before starting and during the return. In one car especially there was a flood of fun, for in it were half a dozen or so Buffalo ladies and gentlemen who formed an extemporaneous club of vocalists,\* whose succession of humorous songs, so admirably given, would have made the longest night short.

All the members of the American Medical Association left Buffalo, grateful to the profession, to its people, and to the press,† many doubtless hoping that they might live to attend another annual convention at this most delightful and hospitable city.

OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION.—The following are the officers for 1879:

*President*—Theophilus Parvin, M. D., of Indiana.

*Vice Presidents*—A. J. Fuller, M. D., Maine; W. F. Westmoreland, M. D., Georgia; John Morris, M. D., Maryland; John H. Murphy, M. D., Minnesota.

*Treasurer*—Richard Dunglinson, M. D., Pennsylvania.

*Librarian*—William Lee, M. D., District of Columbia.

*Committee on Library*—Johnson Eliot, M. D., District of Columbia.

*Next Place of Meeting*—Atlanta, Ga.

*Time of Meeting*—First Tuesday in May, 1879.

*Assistant Secretary*—Scott Todd, M. D., Atlanta, Ga.

*Committee of Arrangements*—J. P. Logan, chairman; H. V. M. Miller, G. G. Crawford, H. L. Wilson, J. F. Alexander, J. M. Johnson, Chas. Pinckney, V. H. Talliaferro, J. T. Johnson, Atlanta, Ga.

*Committee on Prize Essays*—Robert Battey, Rome, Ga.; J. G. Westmoreland, Atlanta, Ga.; William A. Love, Atlanta,

\*One of these vocalists, a lady well known for her devotion to the sick, a Florence Nightingale among sufferers, made a happy hit when "Saw My Leg Off" was being sung, by announcing, in a clear voice, surmounting that of her associate choristers, "Surgical Section, Number One!"

†The reports given, especially by the Courier and the Commercial Advertiser, of the proceedings of the Association were full and remarkably accurate.

Ga.; Robert Kidley, Atlanta, Ga.; Henry F. Campbell, Augusta, Ga.; J. H. Van Deman, Chattanooga, Tenn.

*Committee on Publication*—Dr. William B. Atkinson, chairman; T. M. Drysdale, M. D., A. Fricke, M. D., S. D. Gross, M. D., C. Wister, M. D., R. J. Dunglinson, M. D., Pennsylvania; and William Lee, M. D., District of Columbia.

The committee also report the following nominations for Chairmen and Secretaries of Sections for 1879:

I. *Practice of Medicine, Materia Medica and Physiology*—Dr. Thomas F. Rochester, Buffalo, N. Y., chairman; W. G. Glasgow, St. Louis, Mo., secretary.

II. *Obstetrics and Diseases of Women and Children*—E. S. Lewis, M. D., New Orleans, chairman; James R. Chadwick, M. D., Boston, Mass., secretary.

III. *Surgery and Anatomy*—Moses Gunn, M. D., chairman; Dr. J. R. Weist, Indiana, secretary.

IV. *Medical Jurisprudence, Chemistry and Psychology*—Wm. M. Compton, M. D., Mississippi, chairman; L. M. Lastman, M. D., Maryland, secretary.

V. *State Medicine and Public Hygiene*—John S. Billings, M. D., District of Columbia, chairman; Dr. J. T. Reeve, Wisconsin, secretary.

**ASSOCIATION OF AMERICAN MEDICAL EDITORS.**—The annual meeting of this Association was held at the Tifft House, Buffalo, on Monday evening, June 3d. The president, Dr. Gray, editor of the American Journal of Insanity, delivered the annual address—an address of great value, and to which we shall refer in our next issue. Dr. William Brodie, of Detroit, was elected President for the ensuing year.

**MEDICAL COLLEGE ASSOCIATION.**—If any doubt has been felt in regard to the usefulness of this organization, it would be removed by reading the minutes of the recent meeting at Buffalo. These contain “the promise and potency” of important advances in medical education, and we trust every reputable medical school in the country will soon become a member of the Association.

**Dr. Parvin's Speech in Accepting the Presidency of the American Medical Association.***Gentlemen of the American Medical Association:*

I acknowledge both pride and pleasure in accepting the highest honor of the American profession. Would that it were in my power to render suitable thanksgiving to you for conferring this honor—thanksgiving in words of grace and humility, and yet in all earnestness and with the fullness of truth. If, as one of the great English poets has taught, there are "thoughts that lie too deep for tears," so there are sometimes emotions and feelings that can not find adequate expression in words—tongue can not always tell what the heart feels. Nevertheless, though imperfectly, I give you thanks. I thank you for myself and for the state of which I am a citizen. I thank you in behalf of the Northwest, with its sisterhood of states, whose representative I was so kindly and generously made; a territory imperial in extent, in resources, in powers, and possibilities.

But this Association is not limited by state lines or inclosed in territorial boundaries. From ocean to ocean, from the lakes to the gulf, it casts its golden girdle around the whole profession. And so unto you now, "men, my brothers," of the North and of the South, of the East and of the West, for fraternal deed fraternal thanks are given.

One of the old Greek philosophers, Anaxagoras, was reproached with want of patriotism, but he denied the charge, and pointing to the stars, exclaimed, "There is my country!" In like manner the American physician, however humble his position, however remote from the great medical centers—he may never have trodden the classic streets of Boston, or rested beneath the shadow of Harvard, he may not have dwelt in those, to this country, ancient founts of medical instruction, Philadelphia or New York—can point with pride and joy to the American Medical Association. Here are country and kindred. Here is a light to guide, strength to help, and hope to encourage the humblest as well as the highest. It is of the profession and for the profession; not narrow but catholic;

not provincial but general; not of a city or of a state, but of the whole country.

Gentlemen in the distance of their homes and in the quiet of their studies may speculate on the functions of the Association, and may sometimes even write severe criticisms of its action, and suggest Utopian schemes for its improvement. But let them come to it, learn its history and traditions, understand its polity, not only witness but participate its action, and thus help its higher development and nobler progress, instead of finding fault afar off, where fault-finding must be powerless for good, and may be potent for evil.

Meantime and ever those of us who see in it the organized power of the profession will with united energies labor for its advancement, bating no jot of heart or hope follow its fortunes, and transmit it to our successors as the richest of medical inheritances.

A soldier of the first Napoleon, I believe, when wounded in the chest said to the surgeon probing his wound, "Go deeper, go deeper and you will find the emperor." Deep in all our hearts is the American Medical Association, and there it will remain until those hearts shall beat no more.

TO SUBSCRIBERS.—Do not let the ardent summer sun consume your interest in the AMERICAN PRACTITIONER. From many subscriptions are due, and the publishers are anxiously waiting remittances. The editors are always ready and rejoice to receive contributions, though all of these they do not publish, for they must select such articles as they believe will be most acceptable by, and useful to subscribers. As this is the first number of the second volume for 1878, a favorable time is presented for new subscribers to commence: we should like to add to our list not fewer than five hundred names before 1879. Send in names, even if remittances can not be made at once.

BEALE ON MATERIALISM.—The Princeton Review, for July, contains an able paper by Dr. Lionel S. Beale on *the materialist revival*.

## THE METRIC SYSTEM IN A NUT-SHELL.

"Universality, uniformity, precision, significance, brevity, and completeness. A system of weights and measures born of philosophy rather than of chance." (Charles Sumner.)

BY EDWARD WIGGLESWORTH, M. D.

"WASHINGTON, May 3.—Surgeon-General Woodworth, of the United States Marine Hospital Service, has issued a circular, with the approval of Secretary Sherman, requiring medical officers of the Marine Hospital Service, to make use hereafter, for all official, medical and pharmaceutical purposes, of the metric system of weights and measures, which had already, under the act of July 28, 1866, been adopted by this service for the purveying of medical supplies." (Boston Daily Advertiser, May 4, 1878.)

The metric system is already legalized in both America and England. The only question now is, which of the two, the most progressive or the most conservative nation on earth, shall be the first to definitely and finally adopt it as an exclusive system? [England was four hundred years behind the continent in adopting our present arithmetic.] Russia has already taken the preliminary steps towards its final adoption. The rest of the civilized world long since made the system obligatory, in whole or in part, except that, in Sweden alone, its obligatory use is to date from a period in the future, 1889.

Now, what is this metric system? Metric is from the Greek word  $\mu\acute{e}tr\omega$ , (metron) a measure, spelled with Epsilon, e short, and therefore pronounced mēt-ric. The meter (measure) is, practically, a fixed quantity, namely, the ten millionth part of the earth's quadrant from the Equator to the North Pole. With the meter everything can be measured, for it is itself the unit of length; a cube, the edge of which is the tenth of a meter, is the unit of capacity (liter), and the weight of a cube of rain water, at its extreme contraction, the edge of which cube is a hundredth of a meter, is the unit of weight (gram).

It is the gram alone which concerns physicians, for, in the metric system, everything is best prescribed and dispensed by weight alone; numbers upon a prescription paper being regarded by the pharmacist as representing grams, unless the contrary is expressly stated; the fractions are always decimal. The table is easily learned. It consists of six words, as pre-

fixes, whether we deal with grams, liters, or meters. These are: deci for tenth, centi for hundredth, milli for thousandth; deka for ten, hekto for hundred, kilo for thousand. Having these few words, the terms of troy, avoirdupois, and apothecaries' weight, and of liquid measure, may be relegated to the limbo of pounds sterling, shillings, four-pence-ha'pennies, and farthings. As we say dime, cent, mill, so we say decigram, centigram, milligram. These prefixes are Latin, and diminish the value. Deka, hekto, and kilo are Greek, and increase the value. The mnemonic is G I L D, *i. e.*, Greek increases, Latin decreases. Deka occurs in the English word decade; hekto in hecatomb; kilo in chiliad.

Practically, moreover, for physicians, the whole system is reduced to grams and centigrams, just as in money to dollars and cents. On the right side of the prescription paper draw a perpendicular line from top to bottom. This decimal line takes the place of all the decimal points, and obviates the possibility of mistakes. This is the way dollars and cents are separated on business papers. Additional security is gained by writing the decimal fraction (centigrams) of half-size and raised above the line (of grams), since it represents a numerator of which the denominator (one hundred) is omitted. To make assurance doubly sure, "grams" may be written over the integer-column of figures, and if wished the word "decimals" over the decimal column.

Now, what is a gram? or rather the values, metrically expressed, of our present awkward weights?

	Prussian.	Practical.	Precise.
Grain I	= 0.06	0.06	0.065
9 I	= 1.25	1.25	1.29
3 I	= 3.75	4.0	3.89
3 I	= 30.0	32.0	31.1

The "practical" table alone concerns us. The "Prussian" (by order of the Prussian ministry, Aug. 29, 1867,) is given merely to show that our table is even nearer the actual truth than one which has been proved by actual experience to answer every purpose. The values of the grain and scruple

are a little too small; as they are used for powerful drugs, this is an error in the right direction. The values of the drachm and ounce are a trifle too large; but the proportions, and therefore the ratio of drug to vehicle, are preserved.

A prescription written metrically is always proportionate, and whether the pharmacist uses pennyweights, pounds or ton, gills, pecks or chaldrons, pints, gallons or hogsheads, the ratios are preserved, and a teaspoon dose contains the same amount of medicine. As regards administration, a teaspoon represents five grams, a tablespoon twenty grams; for a teaspoon holds one and one-third fluid drachms, a tablespoon a trifle more than four times as much.

In the metric system everything is weighed, thus obviating the difficulties of evaporation, refraction and adhesion, and obtaining more conveniently more exact results. In our old "systemless system" some fluids were measured. How shall we obtain with weights the desired bulk of fluids with varying weights? Must we learn the specific gravities of all fluids? Not at all.

1. Fixed oils, honey, liquid acids and chloroform, must at present be prescribed in our old weights, not measures, according to the *pharmacopœia*. Here change old weights to metric ones.

2. Not enough chloroform or ether is included in any one prescription to admit of harm arising from the amount contained in a single dose, even were their weights regarded as the same with that of water. Moreover, it is not difficult to remember that ether weighs seven-tenths as much as water, chloroform twice as much as ether.

3. There remain infusions and tinctures, glycerines and syrups. These four are used in bulk as doses, or as solvents or vehicles. The former two may be regarded as identical in weight with water; the latter two as one-third heavier, and when prescribing these we need merely write, by weight, for four-thirds as much as we should write for were we prescribing water, and we obtain an equal bulk. The teaspoon or tablespoon dose will then contain the desired amount of the drugs employed. Or, simplest of all, we can make any mixture up to any desired bulk by merely directing the druggist to use enough of the vehicle to bring the whole mixture up to the requisite weight for that bulk.

The Metric Bureau, No. 32 Hawley street, Boston, will furnish metric prescription-blanks to order, to druggists or physicians at four-fifths printer's rates, or any blank can be made sufficiently metric by a perpendicular line at the right, headed grams.